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The OSTERMILK Book

BEFORE BABY COMES
THE FIRST YEAR
THE TODDLER

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The OSTERMILK Book

1949 EDITION

3D.

This edition is condensed from 224 pages and printed on paper licensed for the purpose by the Board of Trade.

Issued by GLAXO
LABORATORIES LTD.
GREENFORD, MIDDX.

INTRODUCTION TO THE 1949 EDITION

MOTHERCRAFT teachings have changed a great deal since the Ostermilk Book was first published eighteen years ago. With each new edition of the book the contents are therefore completely reviewed and, where necessary, brought up to date.

The value of " learning by seeing," for instance, is something modern teaching experience approves and for this reason a photographic section is now introduced. This section deals in pictures both with mothercraft generally and with a simple and effective series of ante- and post-natal exercises.

New, too, is the Health Service which has brought certain changes in the ways of obtaining medical care before and after baby arrives. The Ostermilk Book gives broad guidance on this subject but you will be wise to contact your Health Visitor and learn the exact details in your locality.

Yet, with all these developments, it is fully realised that the *foundations* of good mothercraft never change. They will always be patience, affection, serenity and knowledge. The first three a book can only encourage ; the last it can provide—and that is the mission of the Ostermilk Book. We offer the book with the belief that you will find real confidence in having it at hand, and with the hope that it will help in bringing you the best of all rewards—the implicit trust of a healthy, happy baby.

INDEX

PAGE
Before Baby Comes 7
The First Year 19
The Toddler 68
Babycraft Pictures
between **16 & 17**
(*Page numbers in Roman figures*).

Activity, Baby's (Charts) xiii–xv
Adenoids 87
Ailments, Infant 59
,, the Toddler.. .. 85
Anaemia of Pregnancy.. .. 9
Ante-natal Examinations .. 16
,, Exercises 11
Appetite, Lack of 85

Bath for Baby 14
Bathing Baby .. .. 21, iv–vii
,, Twins 25
Bed Clothing for Baby .. 14
,, Sores 89
,, Wetting 64, 85
Bones, Baby's (Charts) xiii–xv
Bottle Feeding .. .. 31, ix–xi
Bottles and Teats 42
Bread, Expectant Mother's Diet 10
,, in Weaning 52
Breast Feeding 27
,, ,, Twins 25
,, Milk, "Drying up" .. 30
Breasts in Pregnancy, The .. 7
Bronchitis 88
Burns 82
Buttocks, Sore 63

Calcium for Mothers 9
,, in Breast Feeding .. 29
Carbohydrate 49
Cereals in Weaning 43
,, for the Toddler .. 70
Chair for Baby 57
Cheese 52, 70
Chicken Pox 90, 91, 92
Chilblains 86
Circumcision 66
Clean Habits, Learning .. 77
Clothes for Baby 13
,, for Mother 15
,, for Toddler 56

PAGE
Colds in Toddlers 86
Colic 64
Colostrum 18
Complementary Feeding .. 31
Complete Bottle Feeding .. 32
Confinement at Home.. .. 15
,, First Signs .. 17
,, General Debility 18
,, Hospital .. 16
,, Recovery from 18
,, Requirements .. 16
,, Where to Have.. 15
Constipation, Infant's 60
,, in Pregnancy .. 12
,, Toddler's .. 86
Convulsions 62
Cot for Baby 14
,, for Twins 25
Crippled and Invalid Children 67
Crying 59
Cuts 84

Daily Routine, Baby's .. 19
,, ,, 1 year onwards 68
Dark, Fear of 75
Development of Baby (Charts) xiii–xv
Diarrhoea 61
,, Summer 93
Diet Components, classified .. 49
,, Deficiency 28
,, during Breast-feeding .. 29
,, during Pregnancy .. 9
,, for Premature Baby .. 24
,, for Toddler 69
,, On to Solids (Weaning).. 42
,, Recipes for Baby's .. 53
,, Specimen, 4–10 months 45–48
,, ,, 1 year onwards 72
,, ,, Menu 2–5 years 73
Diphtheria 66, 91, 92
Dirty Heads 84
Discomfort in Infants 60
Discomforts of Pregnancy .. 12
Doctor, in Illness 95
Doctor's Fees in Confinement 16
Dried Milk 32
,, ,, Care of 42
"Drying up" Breast Milk .. 30

Earache 83, 88
Environment of Baby 26
Equipment, Baby's 13
Evening Wash, Baby's.. .. 22
Examinations, Ante-natal .. 16
,, Post-natal .. 18
Excitement 75
Exercise, Baby .. .. 26, xii

PAGE
Exercise, Mother 8
Exercises, Ante-natal ii
,, Post-natal iii
FAMILY, Spacing the 30
Farex 43
,, preparation of 44
Fat 49
Fear 80
,, of the Dark 75
Feeding, Bottle 31
,, Breast.. 27
,, ,, (Twins) .. 25
,, Complementary .. 31
,, Complete Bottle .. 32
,, Learning to Feed Alone 68
,, Position for .. 36, x
,, Supplementary .. 31
,, Tables (Bottle) .. 38
Feeding by weight 39
Feeds, Length of 41
,, Temperature of Bottle 40
,, Test 28
Feet, cold 75
Fever, Scarlet 90, 91, 92
,, Typhoid (Table) .. 90
Feverishness 62, 86
Figure, Change of Mother's .. 7
First-aid, Nursery 82
Fish for Baby 52
Flatulence 64
Food Components, classified .. 49
,, for Premature Baby .. 24
,, Recipes 53
,, Review 50
Foods to Avoid, in Pregnancy 10
,, ,, in Young Children 70
Fruit 70
GENERAL Management, Infant 26
Germa Measles 92
,, ,, Isolation (Table) 91
,, ,, "Spots" (Table) 90
Glaxo Products, for You and Baby 96
Glucose for Premature Baby 24
,, in Morning Sickness 13
,, in Summer Diarrhoea 93
Growth of Baby (Charts) xiii–xv
HABIT Training .. 22, 77
Headache 87
Head Injuries 84
Heads, Dirty 84
Health Act 15
,, Rules in Infancy .. 59
,, Visitor 16
Heartburn in Pregnancy .. 12
ILLNESSES, Infectious 89

PAGE
ILLNESSES, Isolation Periods .. 91
,, Non-infectious .. 87
Indigestion 75
Infancy, Rules of Health in .. 59
Infant Management, General 26
Injuries and Obstructions 82, 83
,, to Head 84
Intelligence, Baby's (Charts) xiii–xv
Invalid and Crippled Children 67
Iron during Pregnancy .. 9
,, for Premature Babies .. 24
LABOUR pains 17
Laxatives in Pregnancy .. 12
,, in Infancy 60
Layette 13
Learning Clean Habits .. 77
,, to Feed alone .. 68
,, to Talk, to Walk .. 77
Liquid Milk in Bottle Feeding 32
MANAGEMENT of Baby, Environment 26
,, ,, ,, General 26
Maternity Service 15
Meals, Toddler's 72
Measles 90, 91, 92
Meat 69
Medical Aid in Breast Feeding 29
Milk, Dried 32
,, in Toddler's Diet .. 69
,, Liquid, in Bottle Feeding 32
Milk-faddiness in Infants .. 69
Minerals.. .. .. 35, 50
Miscarriage 11
Morning Sickness 12
Mother and the State 10
Mother, Care of 8
"Mothering" of Baby .. 27
Mumps 91, 92
NIPPLES, Care of 11
Nursery Equipment .. 13, 57
,, First Aid 82
Nursing in Bed 95
,, Instructions, General 94
,, Infectious Illnesses .. 89
OBEDIENCE 78
Obstetric Table 6
Obstructions in Nose, etc. .. 83
Ostermilk, in Bottle Feeding.. 39
,, Changing to No. 2 41
,, Composition .. 39
,, Feeds per Tin .. 41
,, How to Prepare .. 40
,, the Measure .. 39
,, for Premature Baby 24
,, addition of Sugar 41

PAGE
Pains, Labour .. 17
Periods during Pregnancy .. 7
,, while Nursing .. 30
Play Pen .. 57
Playtime Exercise .. 26
Pneumonia .. 88
Poisoning .. 84
,, Septic (Table) .. 90
Post-natal Examinations .. 18
,, Exercises .. 11
Poultices .. 89
Pram for Baby .. 14
,, for Twins .. 25
Pregnancy, Diet during .. 9
,, Discomforts of .. 12
,, Laxatives in .. 12
,, Signs of .. 7
,, Special Precautions 10
,, What Happens .. 7
Premature Baby .. 23
Progress, Baby's .. 76
Projectile Sickness .. 62
Protein .. 49
Purées .. 53
Push Chair .. 57

"Quickening", The .. 7

Rashes .. 65, 90
Recipes for Baby's Food .. 53
Regular Habits .. 22
Rest during Pregnancy .. 8
Rheumatism .. 87
Rickets .. 65
Ringworm, Isolation (Table) 90, 91
Routine, Daily, Baby's .. 19
,, 1 year onwards .. 68
Rules of Health in Infancy .. 59
Rupture .. 64

Scalds .. 82
Scarlet Fever (Scarlatina) 90, 91, 92
Scurf .. 22
Self-reliance, Baby's .. 80
Septic Poisoning, Table .. 90
Sickness, Glucose in Morning 13
,, Projectile .. 62
,, Travel .. 58
,, Vomiting .. 62
Signs of Pregnancy .. 7
Skin, Eruptions .. 65
Sleep, Infant's .. 20
,, Toddler's .. 74
,, during Travel .. 58
Sleeping Bag .. 76
Sleeplessness .. 75
Smallpox .. 90, 91
Smoking during Pregnancy .. 10

PAGE
Solids, Introduction of .. 42
Sore Buttocks .. 63
,, Throats .. 89
Sores, Bed .. 89
Soup for Baby .. 52
Spoon feeding .. 43
Spots, What They Mean (Table) 90
Sprains .. 84
Summer Diarrhoea .. 93
Supplementary Feeding .. 31

Talk, Learning to .. 77
Teats, Bottles and .. 42
Teeth, Care of .. 11
,, Charts .. 55
,, First .. 53, xiii–xv
,, Permanent .. 54
Teething Troubles .. 54
Temperature, How to Take .. 88
,, of Bottle Feeds 40
Test Feeds .. 28
Throat, Sore .. 89
Thrush .. 63
Thumb-sucking .. 76
Tonsils .. 87
Toys .. 57
Training .. 76
Travelling .. 58
Travel Sickness .. 58
Truthfulness .. 81
Twins .. 25
Typhoid Fever, "Spots" (Table) 90

Varicose Veins .. 13
Vegetables during Pregnancy .. 9
,, in Infant's Diet 52, 70
Vitamins A, B, C, D. 50, 51, 70, 71
,, A and D .. 9
,, C (Ascorbic Acid) 28, 71
,, D in milk for Rickets 34
,, E in Pregnancy .. 10
,, K in Pregnancy .. 10
,, The .. 50
,, for Premature Baby 24
Vomiting in Infants .. 62

Walk, Learning to .. 77
Wash, Baby's Evening .. 22
Water, in Mother's Dietary .. 9
,, in Toddler's Dietary .. 69
Weaning, from Breast to Bottle 36
,, to Solids .. 42
,, Specimen Diets .. 45
Weight, Gains (Charts) 37, xiii–xv
,, Average Increases .. 37
Wetting, Bed .. 64, 85
Whooping Cough .. 91, 93
Worms .. 94

OBSTETRIC TABLE

A normal pregnancy lasts about 280 days from the time of conception. Sometimes it is rather more, sometimes rather less. From the following table you will be able to find the expected date when baby will be born. The table is simple to use. Pick out in the lines of black figures the date when your last menstrual period began. Immediately underneath this date, and in lighter type, is a second date 280 days later. This is approximately the date on which baby is likely to be born.

i January	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**January** i
ii *October*	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	*November* ii
i February	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**				**February** i
ii *November*	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5				*December* ii
i March	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**March** i
ii *December*	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	*January* ii
i April	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**		**April** i
ii *January*	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4		*February* ii
i May	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**May** i
ii *February*	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	*March* ii
i June	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**		**June** i
ii *March*	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6		*April* ii
i July	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**July** i
ii *April*	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	*May* ii
i August	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**August** i
ii *May*	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	*June* ii
i September	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**		**September** i
ii *June*	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7		*July* ii
i October	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**October** i
ii *July*	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	*August* ii
i November	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**		**November** i
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i December	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**December** i
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Section One

BEFORE BABY COMES

Pregnancy

Signs

The following symptoms are indicative. Any one of them *alone* should not be taken as proof, but taken together they are a fairly certain indication.

Breasts Enlargement and tenderness of the breasts may be observed during the first month.

Periods The missing of one period is an indication ; the missing of a second period is strong confirmation.

Morning Sickness A feeling of nausea on rising. Occurs *before*, not after, meals (see page 12).

Change of Figure Enlargement of the abdomen is generally noticeable towards the end of the fourth month.

" Quickening " A slight flutter, caused by first movements of the child, is usually felt after the 16th week. The movements become much more noticeable later on.

WHAT IS HAPPENING ?

The beginning

Life begins when one of the male cells of reproduction (spermatozoa) meets and joins up with a female reproductive cell (ovum) in the womb. The two cells (both so small that they can only be seen through a microscope) become one, and begin to develop. Neither male nor female cell can develop by itself in the womb ; it is only when they become joined that a child is conceived.

Growth

At the end of the first month the tiny germ, formed by the union of the two cells, is about half an inch long, and looks like a miniature curled-up fish. At the end of the second month it will be more than an inch long, though still rather formless. Gradually arms, legs and head begin to take shape. Baby remains curled up, however, until actually starting on the " journey " into the world.

During the nine months which precede the birth, baby will slowly increase to about 7 lb. in weight and 20 inches in length. (Weight varies considerably in different babies, of course. Smaller babies are not necessarily more delicate).

Protection The womb, a hollow muscular cavity in the abdomen, is baby's home for the nine months of the pre-natal life. At first it is only about 3 inches long with quite thin walls. But, as the infant grows, these walls become thicker and stronger in order to provide more ample protection. Within, the growing child lies in fluid (about 1½ pints) which ensures still further safety and provides a " playing field " where developing limbs may stretch and move.

Nourishment Before birth, baby obtains all nourishment from the mother and also, through her, discards waste material. This is done by means of the soft gelatinous cord which passes from the infant's navel to the placenta (eventually to become the " after-birth ") which lies on the inner walls of the womb. The cord contains blood vessels—one which carries blood laden with nourishment from mother to babe, and others which carry the used-up substance from the infant's blood to be got rid of by the mother when passed back into her blood.

This explains why it is so very important that the mother's blood, which is her baby's sole means of nourishment, should be pure and healthy.

Care of the mother

EXERCISE AND REST

The best form of exercise is walking. Try to manage an hour's straightforward walk daily (not including your shopping walks). Housework, if not too heavy, is good for you, but omit floor-scrubbing and blanket washing. Games such as tennis, hockey and golf should be ruled out. Cycling, riding and swimming are also not very advisable. In general, avoid " jerkiness " in exercise, and avoid getting overtired.

Special exercises should be done every morning. The purpose of these exercises is to make childbirth easier by training the muscles and joints for the work ahead of them (see pages ii and iii).

An hour's rest on the bed before or after the mid-day meal is well advised.

DIET

To help your digestion, take only *three meals* a day. A normal healthy diet is sufficient for the expectant mother with the following additions :—

Milk

A daily pint of milk, the first-class protein and the easily assimilated calcium of which are really necessary. If you dislike milk as a drink, take it some other way (in puddings, chocolate beverages, etc.).

Water

A glass of water first thing in the morning and between meals will flush out the system and help to avoid constipation.

Greenstuffs and fruit

Salads, vegetables and fruits would in any case form part of a normal diet. Many of them are good sources of vitamin C. The tendency to constipation during the later months of pregnancy (see page 12) makes them particularly necessary at this time. Further, the extra drain upon a mother's reserves of iron makes these foods more important to you than usual.

Calcium

Calcium (lime) is one of the mineral salts required by the body and taken naturally in food (see page 29). It passes to the blood stream and keeps the bones and teeth in a hard and healthy condition.

Iron

Many a mother suffers from nutritional anaemia due to lack of iron in the diet, for, as with calcium, the developing babe within her makes first and heavy claim upon her iron store. Extra iron is therefore necessary during pregnancy, so that mother and baby shall both be well supplied. (For foods rich in iron see page 50).

Vitamins A & D

One tablet or capsule of vitamins A and D daily during pregnancy is officially recommended to-day. These vitamins, by raising resistance to infection, help to keep the mother in a state of healthy well-being and ensure a good protective store for the infant.

Vitamin E Vitamin E usually only becomes important during pregnancy. Lettuce, and foods containing whole wheat (wholemeal bread, for example), are the best dietary sources.

If there is a history of miscarriage without organic cause, or if a deficiency of vitamin E is suspected for other reasons, your doctor might prescribe a potent standardised preparation of the vitamin.

Vitamin K Vitamin K is concerned with the ability of the blood to clot. Given to *the mother* by mouth immediately before labour commences—or even during labour—the vitamin helps to overcome the tendency to bleeding that sometimes occurs in new born babies. Vitamin K must only be taken, of course, on instructions from your doctor.

The mother and the State The State has made special provision for the mother and her child before and after birth in the way of extra allowances of food and clothing. All information regarding these extras can be obtained from the Food Office or from the local infant welfare centre. Details are not given here as changes occur from time to time.

SPECIAL PRECAUTIONS

Foods to avoid Highly seasoned foods, such as curries, pickles and vingear ; fried foods ; new bread (it is very constipating ; use wholemeal bread rather than white bread) ; strong tea (even if you prefer your tea strong, take it weaker during this time and, in any case, only drink it while it is still quite fresh—never after it has brewed for some time) ; alcohol (all beer, wines and spirits should be stopped during pregnancy).

Smoking If, without much effort, smoking can be given up entirely during pregnancy, it is all to the good, but those who find great pleasure and comfort in the habit are probably benefited by moderate indulgence—say about three cigarettes a day.

Care of the teeth

A visit to the dentist early in the pregnancy is advisable. The unborn child makes extra demand on your calcium reserves and this may produce some dental decay for you.

Care of nipples

Particularly after the sixth month of pregnancy, little secretions of milk may form crusts on the nipples and should be washed away night and morning. Gentle massage between finger and thumb (dipped in olive oil) helps to make the nipples more prominent. And of course it is most important to wear a well-fitting brassière, during pregnancy.

Inverted nipples

Very little can be done for *badly* inverted nipples but, if they are merely small and slightly retracted, they can be improved by wearing a glass "shield" over each nipple. The "shields" are available from most chemists and are kept in place by the brassière.

THREATENED MISCARRIAGE

Bleeding (from the womb) is the first sign of a likely miscarriage, and if this occurs you should go straight to bed and send for the doctor or midwife whom you have already engaged. A doctor can sometimes avert a threatened miscarriage, but the mother must do her part by following instructions implicitly and staying in bed until she is told that it is safe to get up again.

External causes

Sudden shock, either mental or physical ; overstrain at work or play ; any severe infection. These are *accidental* causes, and the fact that a miscarriage has resulted does not mean that the next pregnancy will also end badly.

Such accidents are to a certain extent unforeseeable, and the only precautions possible are to avoid infectious contacts, undue strain, and dangerous pastimes.

Internal causes

Internal causes of spontaneous abortion (miscarriage) include certain diseases, ailments and maladjustments — sometimes slight, sometimes serious—which can be so easily recognised by a doctor or midwife, but which often pass unnoticed or disregarded by the mother herself. Taken in time most of these troubles can be successfully treated to ensure a satisfactory confinement.

For this reason it is really important to see your doctor or midwife at regular intervals during pregnancy or to attend your ante-natal clinic. (See also vitamin E, page 10).

MARITAL RELATIONS

For two or three months before confinement, and for at least six weeks after, it is wise to avoid intercourse.

DISCOMFORTS OF PREGNANCY

Constipation Even if your bowels have always acted regularly, constipation will sometimes occur during the last month or two of pregnancy, owing to pressure. The best thing to do is to rearrange the diet, eating more "roughage" such as salads, raw grated carrot, green vegetables, wholemeal bread, raisins, raw apples, etc., and drinking plenty of cold water and weak tea. If a mild aperient really becomes necessary, senna is a safe choice (either the prepared syrup, or a tea made from soaking senna pods). Alternatively, it is quite simple to prepare a mild laxative yourself; here is a suitable recipe:

½ lb. figs; ½ lb. prunes; ½ lb. dates; 1 oz. powdered senna.

Stone the fruit and chop finely. Add powdered senna and mix thoroughly. Put in jar and cover. Take 1 dessertspoonful daily.

Prune juice is also a useful laxative. The prunes should be soaked overnight, stewed until tender and the juice strained off. Do not add sugar.

Do not take castor oil, pills, drugs or similar medicines except under the doctor's orders.

Heart-burn (acidity) can usually be controlled by taking the proper food; it can be relieved by sipping a glass of hot water in which 1 teaspoonful of bicarbonate of soda has been dissolved.

Morning sickness ***Prevention*** As the feeling of nausea (called "morning sickness") occurs more often when the stomach is empty than just after a meal, it is advisable to take frequent small meals (say at 8, 11, 1.30, 4, 7, 11) rather than the three normal meals to which you are accustomed. Do not, however, eat *more* than usual in the twenty-four hours.

Treatment If morning sickness occurs, *reduce fats*, such as bacon fat, butter, margarine, cream (take the top off the milk before drinking it), and eat more sugar if you can obtain it. A dessertspoonful of powdered glucose in water or fruit juice is very helpful at this stage.

Varicose veins

Varicose veins do not often occur as a result of a first pregnancy. At all times, however, garters and prolonged standing should both be avoided. If " knotty " prominent veins do appear on the legs, consult your doctor.

Headaches

If headaches are persistent and troublesome during pregnancy, tell your doctor.

REGULAR EXAMINATIONS

Ante-natal examinations, conducted by the doctor or midwife who is to attend the confinement, are really important and should be undertaken regularly, no matter how well you feel.

Preparation for baby

Baby's clothes

Baby will require the following :—

3 or 4 vests	Silk and wool or wool (2 ply; hand knitted) or woven wool (ready made).
4 gowns	Warm material such as Dayella or similar material (to be used both day and night for the first three or four months).
1 shawl	A second shawl even if not new is useful to have, as the other one requires to be washed occasionally.
2 or 3 matinée jackets	Second size is more useful than first size as the latter is soon outgrown.
3 or 4 pairs leggings	
6 pairs bootees	

3 doz. muslin napkins—(coupon free)	
1 doz. towelling napkins	
3 or 4 pilches	(To go over the napkins when baby is being put down for a long sleep). Best made from flannel material such as blankets which have worn *very* thin or an old flannel shirt. Knitted pilches are unsuitable as the constant wetting causes them to felt up very quickly.
1 sleeping bag	Easily made at home.

A 3″ crêpe bandage cut into three equal lengths makes three binders which will be needed for the first few days till the navel pad can be discarded.

Gloves and bonnet or cap may be needed for winter babies or for those whose circulation is poor.

All patterns obtainable from National Association of Maternity and Child Welfare Centres, 5, Tavistock Place, London, W.C. 1.

Dressing tray Dressing tray or basket for keeping baby's toilet requirements together.

Bath 1 rubber bath (expensive but very convenient) ; *or* 1 papier mâché bath ; *or* 1 enamel bath with or without stand ; *or* 1 zinc washing tub. A round washing basin is not suitable as it is the wrong shape.

Pram A pram is a real necessity if baby is to get sufficient fresh air. One with inside measurement 31″ long will just allow room for baby to sleep comfortably. Ball bearing wheels are to be preferred, also " endless " tyres.

Cot Canvas " Treasure Cot "—without hangings ; *or* wicker cradle (with or without stand) ; *or* bassinette ; *or* " Moses " basket (expensive but convenient).

Bed clothing 1 mattress (hair or wool with chaff overlay) ; 2 fine flannel or cotton sheets ; 1 blanket 70″ × 44″ ; 1 small blanket 36″ × 30″ ; 1 eiderdown or knitted cover ; 1 thin pillow—chaff-filled ; 1 thin mackintosh sheet—to cover mattress.

CLOTHES FOR MOTHER

Smocks of different material for different occasions are very useful. A swagger coat is the most " concealing " for outdoor wear. Shoes should be low-heeled. If no corset is worn an adjustable home-made suspender belt of webbing should be used—not garters.

A very good and inexpensive Maternity Belt is supplied by the National Association of Maternity and Child Welfare Centres. This belt is designed to give correct anatomical support ; it is easily and progressively adjusted to size by simple straps, and is comfortable to wear. Particulars (send no coupons) may be obtained from the Association at 5, Tavistock Place, London, W.C.1.

A good pattern of brassière to be worn both before and after baby is born can be obtained from the N.A.M.C.W.C. also.

Make or borrow two or three extra nightgowns ; those that fasten on the shoulders are most convenient for breast-feeding. A bed-jacket will be required, but can often be borrowed (to save coupons).

Where to have the confinement

Under the new Health Act, full maternity service is provided free by the Local Authority, the Regional Hospital Board, and the family doctor—alone, or in combination—for all mothers who wish to avail themselves of it.

Without charge, you may have your baby at a Maternity Hospital or a Maternity Home, or in your own home, according to preference or circumstances.

Your family doctor will give you free ante-natal care and arrange for a midwife at your confinement, or he will advise you on choosing a doctor in your area who can give you this attention. The doctor who looks after you during your pregnancy will also be present at your confinement if he or the midwife think this necessary.

As soon as you think you are pregnant, therefore, consult your family doctor. Or, if you wish, you may go to your local

Ante-Natal Clinic where the Health Visitor will give you all the information you require and will help you make the necessary arrangements for the confinement.

The following facts and considerations may be helpful when making your choice of where to have your baby.

At home This can be undertaken by a midwife who will attend at your confinement and visit you daily for a fortnight afterwards to attend to you and your baby. You will also need a Home Help, or a competent friend or relative to help in the house.

Alternatively, a doctor may undertake the confinement and make the necessary ante-natal and post-natal examinations. A midwife must also be in attendance, and she will visit daily to attend to you and the baby.

Requirements for home confinement 2 wash basins and jugs; 2 china or enamel bowls; 1 slop pail; 1 bed pan (can usually be hired); 1 chamber.

Box or tray containing :—roll of cotton wool (unopened); pkt. of gauze tissue (unopened); pkt. large safety pins; hank of linen thread; talcum powder; bottle of olive oil; small bottle of castor oil; 1 nail brush; 1 bottle of antiseptic solution; zinc and boracic ointment; 1 oz. boracic crystals; 1 tube petroleum jelly.

Mackintosh sheet (or plenty of brown paper); 2 sanitary sheets (or large square of old boiled linen); 6 doz. sanitary towels (large size).

Hospital Owing to the scarcity of hospital beds, only mothers expecting their first babies are, as a rule, admitted to hospital. It will probably be necessary for you to obtain a letter of introduction to the hospital if you wish to be confined there. This is one of the reasons why an early visit to the Ante-Natal Clinic is so important, as the clinic staff should be able to see that the mother who really needs hospital attention will obtain it—for example, if complications are possible or if, in the opinion of the Health Visitor, the home surroundings are unsuitable, perhaps because of lack of room.

Nursing home Fees vary of course and are inclusive of nursing, board and lodging. Doctor's fees, medicines, dressings and laundry are extra.

Babycraft pictures

Photographic supplement to the Ostermilk Book

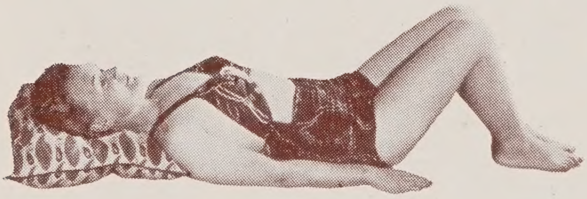
ANTE- AND POST-NATAL EXERCISES : FEEDING,
BATHING AND EXERCISING BABY : PROGRESS
CHARTS FROM BIRTH UNTIL THREE YEARS

EXERCISES FOR MOTHER

before and after baby comes

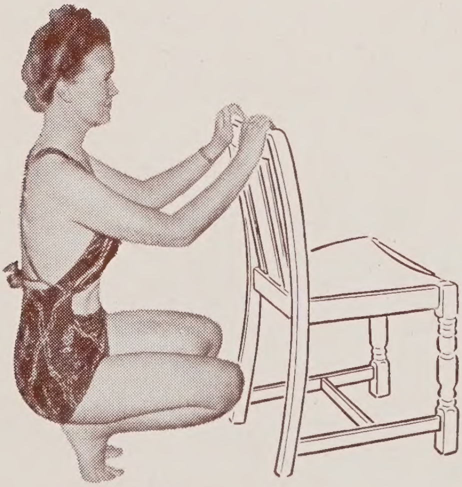
These simple exercises can be carried out at home and only occupy a few minutes daily. Adapted from a series issued by the National Baby Welfare Council, these exercises are designed specifically for mothers and fall into two groups: those to be carried out during pregnancy, and others for after baby arrives. Sometimes the doctor or nurse may recommend certain modifications to these exercises and, of course, such advice should be carefully followed.

ANTE-NATAL EXERCISES



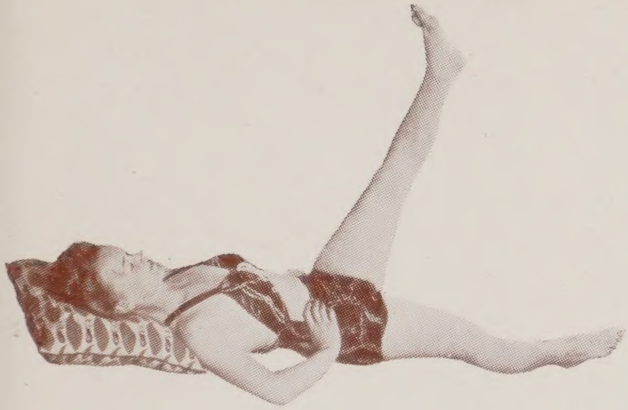
1 *Deep breathing with muscles relaxed*

Lie flat on your back, with knees slightly bent. Breathe in slowly through the nose to a count of four, then breathe out through the mouth, keeping the abdominal muscles still. Relax. Repeat this exercise twice.



2 *Knee bending*

Stand with the feet apart and grasp the back of a chair. Sit down on your heels to a count of four. Repeat the exercise once.



3 *Leg raising*

Lie flat on your back with arms at your side. Keeping both legs straight, raise one leg slowly at right angles to the hip while counting four ; then lower the leg, again to a count of four. Repeat with the other leg, and repeat the complete exercise once.

POST-NATAL EXERCISES

1 *Deep breathing with muscles relaxed*

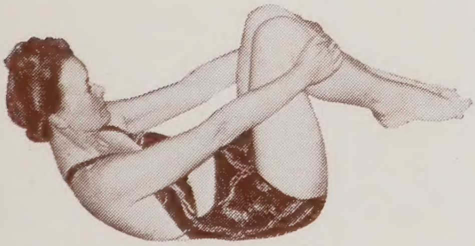
As in ante-natal exercise.

2 *Leg raising*

As in ante-natal exercise.

3 *For the stomach muscles*

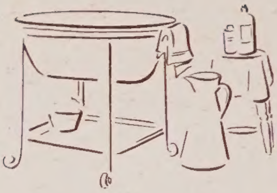
Place both hands on the abdomen. Alternately pull in and lift the abdominal muscles, at the same time taking a deep breath, and then breathe out. Repeat the exercise six times, both in the morning and afternoon.



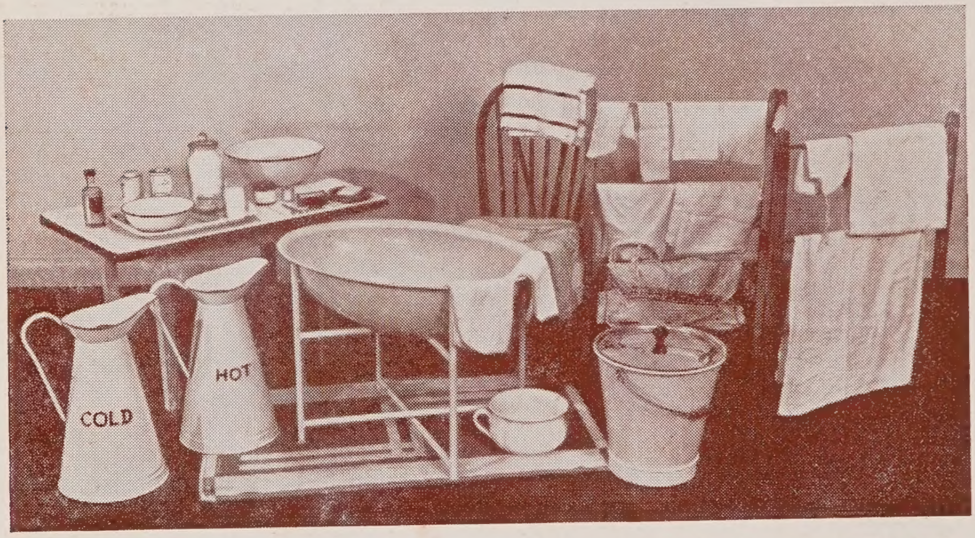
4 " *See-saw* "

Lie flat on the back. Bend the knees and hold them with the hands clasped, then raise and lower the shoulders three or four times. This gives a rocking movement.

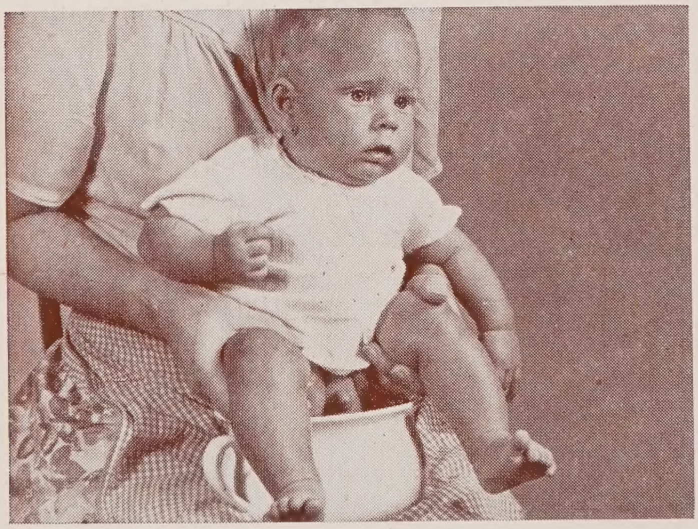
BABY'S BATHTIME



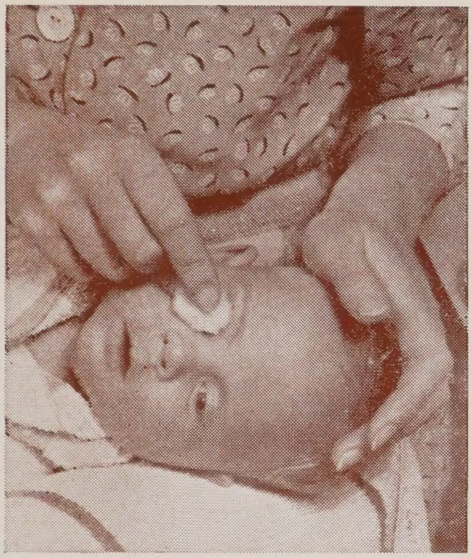
Baby should enjoy his daily bath, and the routine suggested here should help ensure that he does! You will quickly be able to memorize the sequence of " bath-time events."



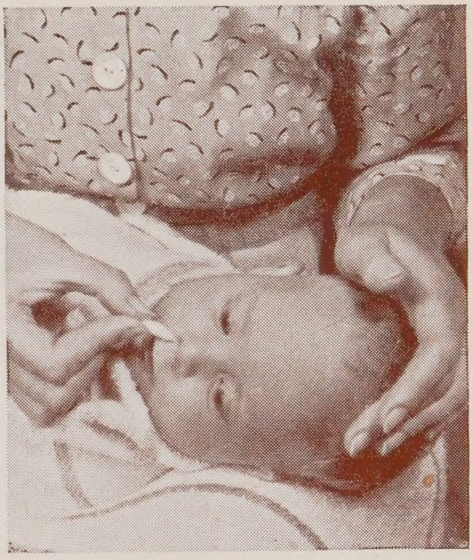
Be sure that all the materials you need are handy before you lift baby for his bath.



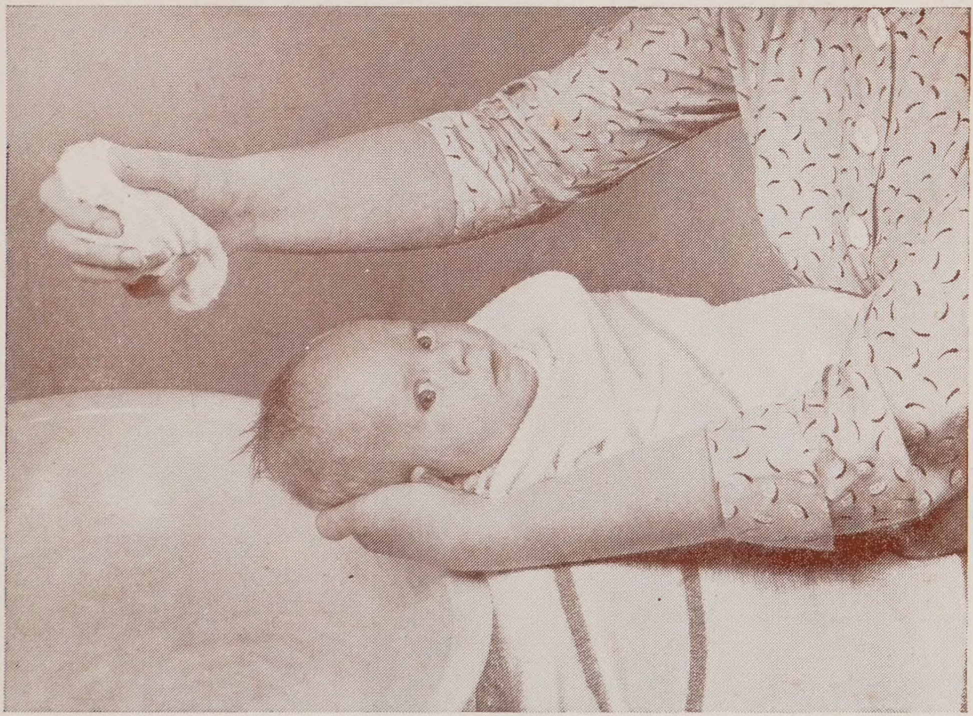
1 Support baby's back and head while he sits on the pot.



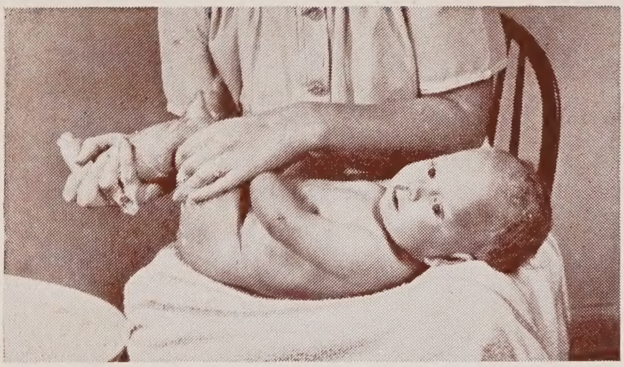
2 Clean baby's eyes with moist cotton wool swabs. Draw the swab from the inner corner outwards and use swab once only.



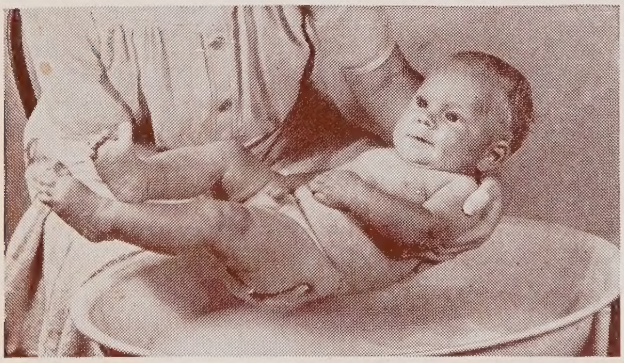
3 Clean baby's nose with moist cotton wool, using a fresh swab for each nostril.



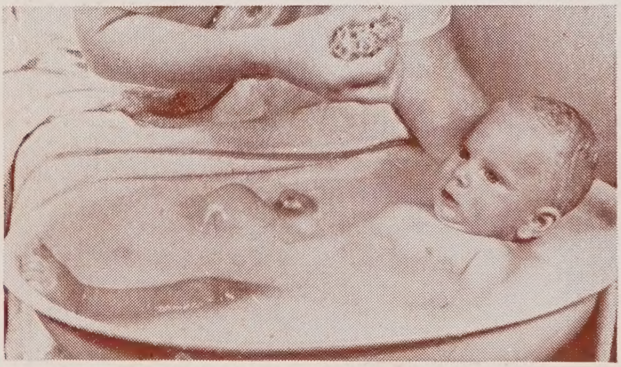
4 Support baby's back and head while you lightly lather his hair. Be careful to rinse all traces of soap from the hair—otherwise scurf will form.



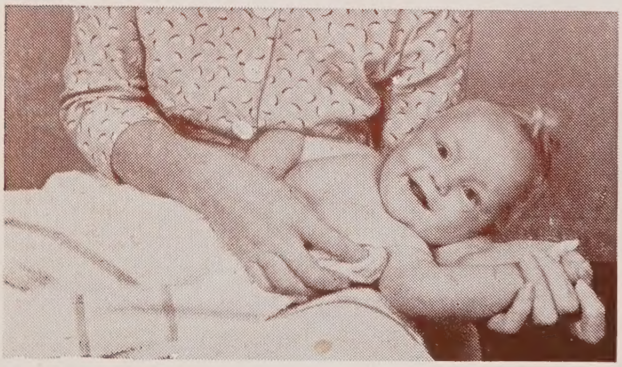
5 Thoroughly soap baby's limbs, body and buttocks.



6 Support baby with your left forearm under his head and shoulders, holding his left arm and shoulder securely in your own left hand. Place your right hand under baby's buttocks and lift him into bath.

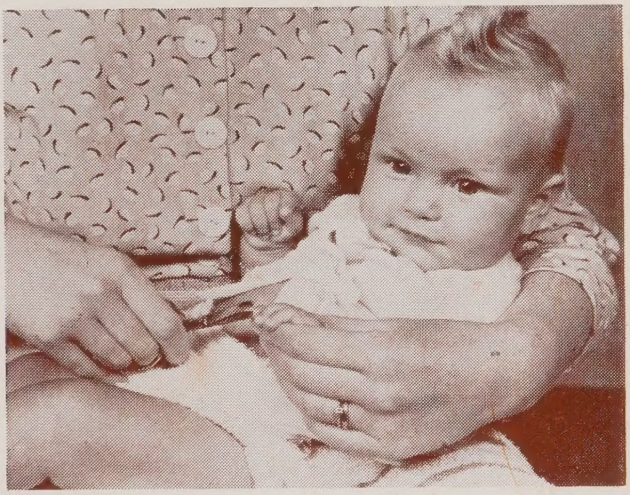


7 Rinse off all the soap and let baby kick and exercise in the bath for a little while, supporting his head and shoulders all the time.



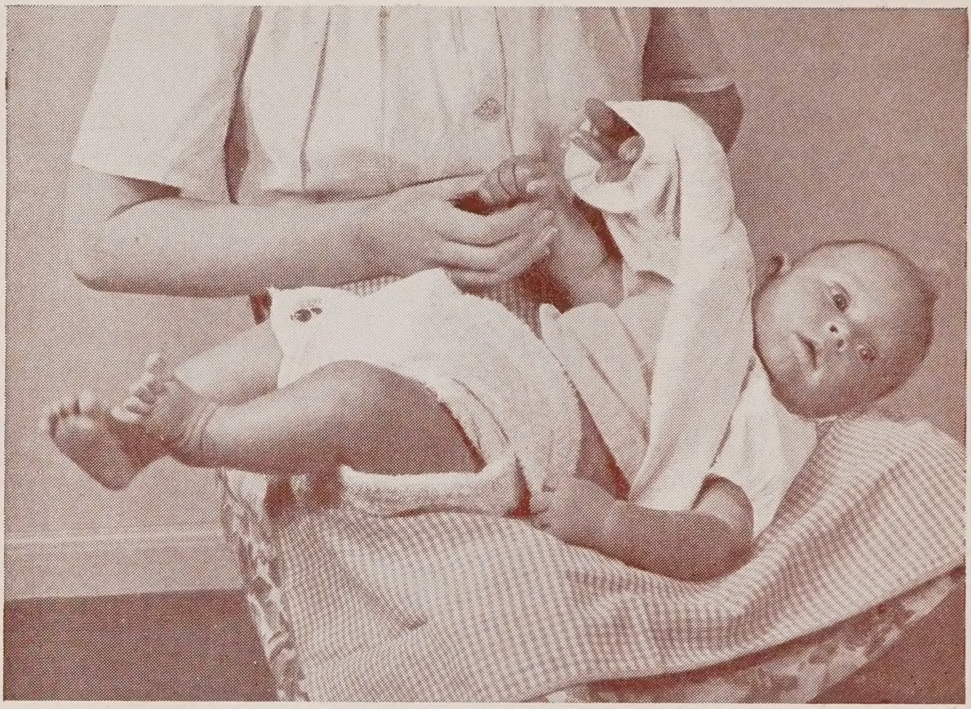
8 Dry baby thoroughly, especially in all the folds of the skin.

9 The napkin should never be tightly folded between baby's legs. A *curved* safety-pin should be used to secure the napkin at each side.



10 Cut baby's toenails straight across and "shape" the fingernails.

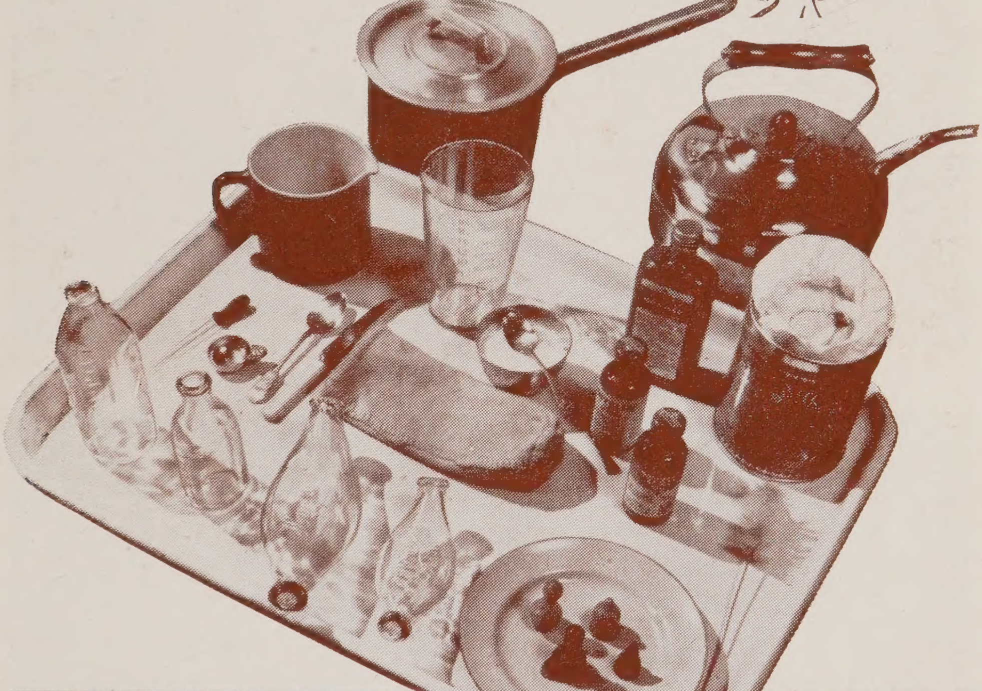
11 Clean the nails with an orange stick.



12 When dressing baby it is easier for you, and more comfortable for him, if you put your hand in each armhole of his garments and then grasp his hand and guide it through.

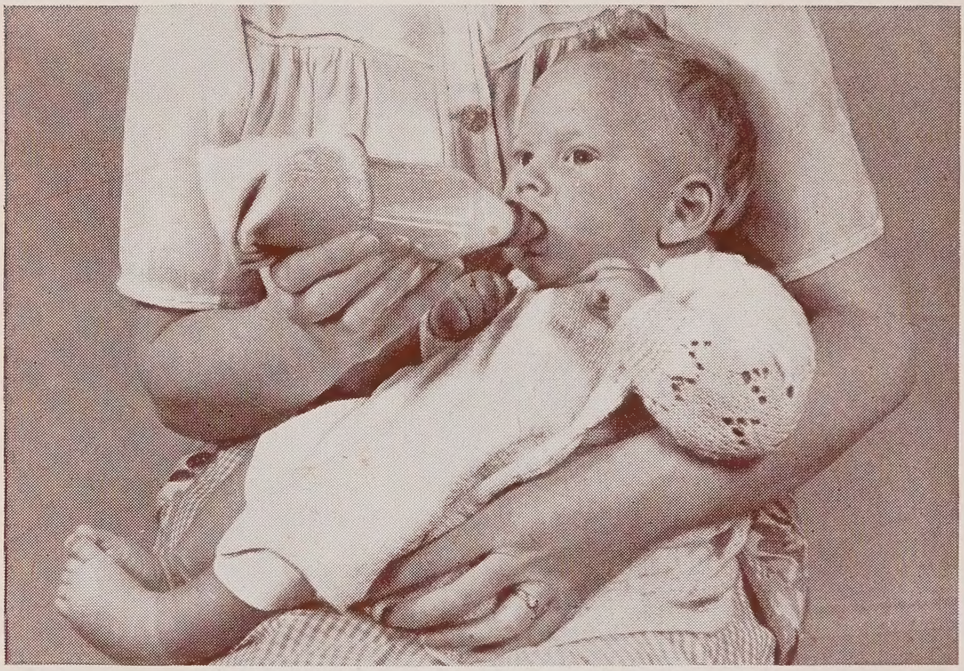
THE BOTTLE-FED BABY

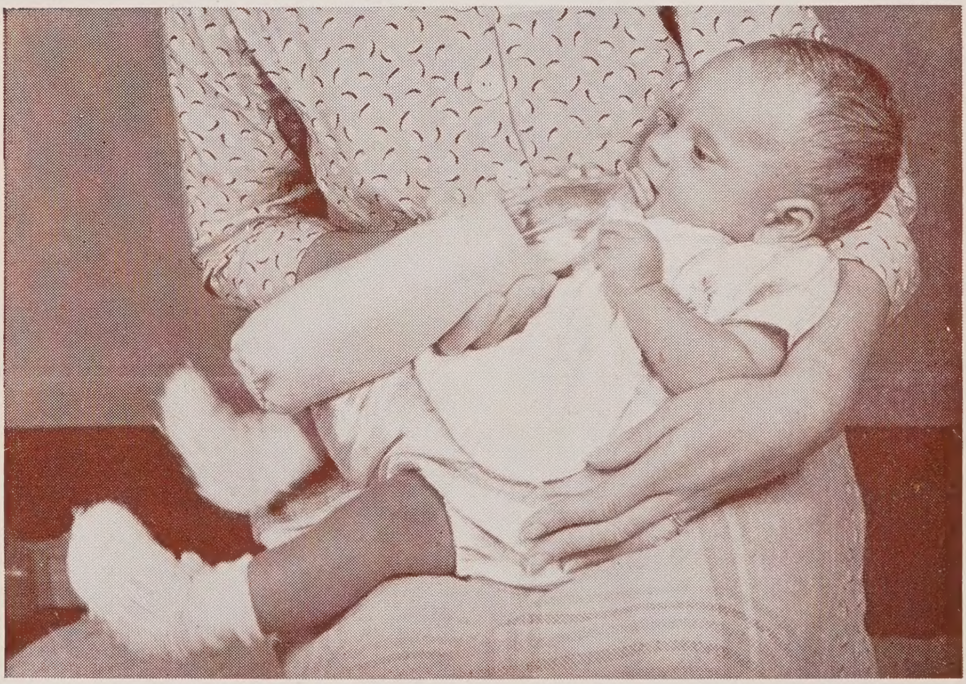
Here is a typical selection of materials used in bottle-feeding. Note particularly the different types of bottles and teats available (see page 42).



1 When preparing Ostermilk feeds, the simple way of ensuring that the measurefuls are *really* level is to pass a knife across the rim of the measure.

2 To puncture the teat, set a needle in a cork, sterilize the needle by passing the tip through a flame, then insert the needle through the teat.





3 Bottle-feeding — the upper photograph shows the right position. Note that milk is completely covering the inside of the teat.

4 Bottle-feeding — the lower illustration shows the wrong position. Here the milk is only at the bottom of the bottle and baby is sucking in air.

5 To bring up "wind" at feeding time hold baby upright in your arms and gently rub his back. Do this half way through the feed and again before you put him in his cot.

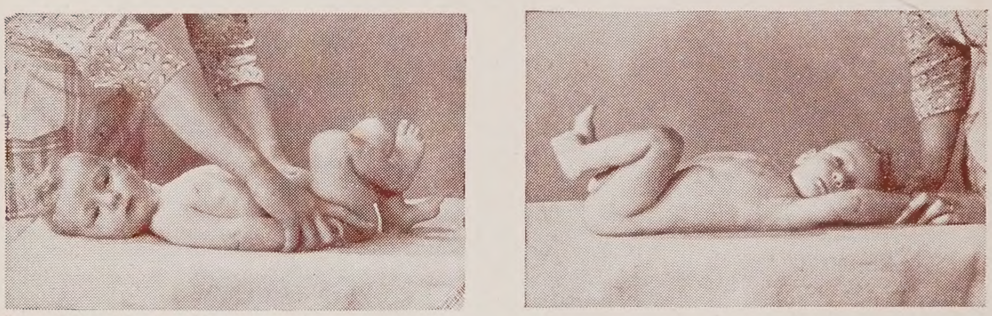
6 To clean the bottle, rinse it through with cold running water, then wash it in warm soapy water. Finally, rinse through under cold tap.

The teat can be quickly cleaned of all traces of milk slime by rubbing inside and out with a little damp salt. Rinse afterwards under the cold tap. (The teat should be boiled once daily.)

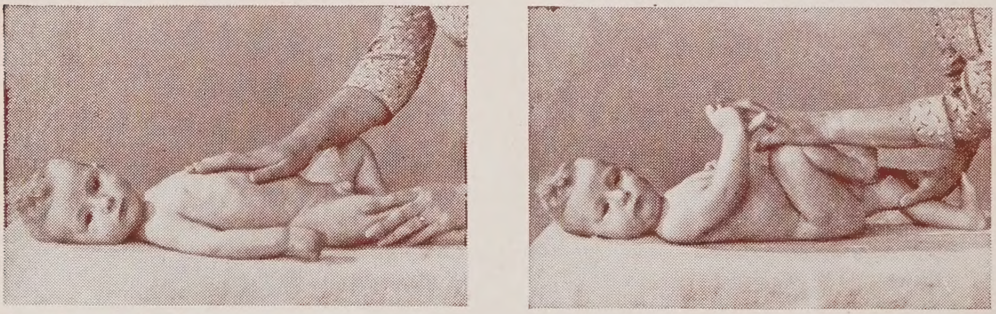
When baby is ready for weaning, remember this important rule : solid foods first at mealtimes—liquids last.

EXERCISES FOR BABY

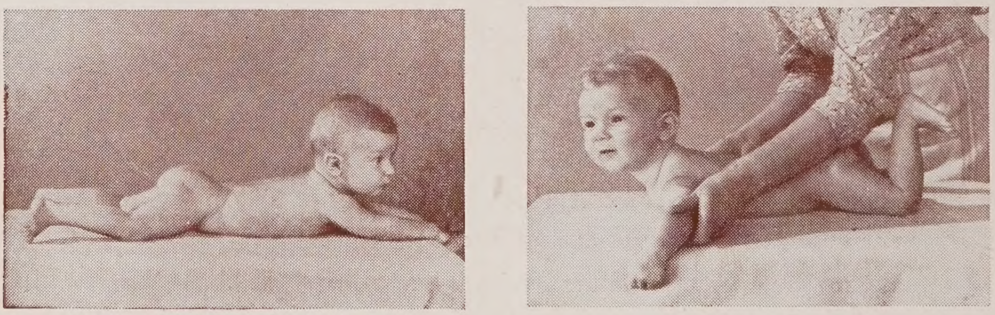
These exercises, designed to help in developing sound, firm muscles, can form a pleasant part of baby's daily routine.
Each exercise should be carried out three times.



For arm and chest muscles
Place baby's arms at his side, raise them slowly above his head, then return them to the side again.



For leg and abdominal muscles
Put your hand on baby's tummy, then lift one leg until the knee is against his tummy. Repeat with the other leg.



For shoulder and arm muscles
With baby on his tummy and his arms outstretched in front of his head, move the arms slowly round to shoulder level and then return them to the front again.

STANDARD AVERAGE GROWTH AND DEVELOPMENT OF A BABY

From birth to three years

Birth to three months

Expected weight 7–10 lb., gaining 6–8 oz. a week. Raising the head at 3 months when lying on the stomach. Recognising mother. Grasping toys.

Three to six months

Expected weight 10–15 lb., gaining 8–9 oz. a week. Teething commences at five to seven months. Sitting up without support, five to seven months.

Six to nine months

Expected weight 15–19 lb., gaining 4–6 oz. a week. More teeth showing. Crawling. Standing up in playpen.

Nine to twelve months

Expected weight 19–21 lb., gaining 4–6 oz. a week. About eight teeth showing at a year. Standing up. Walking round. Talking a few words.

Twelve to eighteen months

Expected weight 22–23 lb. Side teeth. Walking independently. Talking. Putting a few words together. Clean in habits. Eating with spoon alone.

Eighteen months to two years.

Expected weight 23–26 lb. Eye teeth (twenty teeth at two years). Talking sentences. Singing nursery rhymes.

Two to three years

Expected weight 26–30 lb.
Playing with children. Learning to distinguish colours. Drawing. Cutting out paper. Forming from plasticine.

The
OSTERMIL

GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX

Baby's arrival

FIRST INDICATIONS

In the last few days before baby's arrival slight gastric disturbances often occur and may mislead an inexperienced mother into sending unnecessarily for the midwife or doctor.

True labour pains, however, are fairly easy to distinguish if you know what to look for. They begin very mildly as a rule, first at the back and then passing round to the stomach. They never last more than two minutes and in the early stages of labour there are long periods of rest (from 30 to 40 minutes) in between.

The gradual shortening of the rest periods until the pains are occurring every few minutes is a welcome indication that good progress is being made. The membranous bag of water, which has for so long protected baby, is now coming well down into the pelvis and forming a wedge to make an easy passage for the little head which will probably emerge first. The breaking of this bag, with the consequent gush of water, may occur any time during the early stages of labour. Occasionally it occurs before labour has properly begun, in which case the nurse or doctor should be told at once.

THE CONFINEMENT

The confinement itself falls naturally into three stages. The first, referred to above, will probably last for some hours. It is not necessary to go to bed as soon as the pains begin (supposing they should start in the daytime), though some mothers prefer to do this.

The second stage begins with a definite downward movement of the child. When nurse is able to assure you that this stage has arrived, you will know that in a comparatively short while (one to two hours is the average time, though in some cases it can be longer) baby will have arrived.

The coming away of the placenta or " after-birth " occurs about twenty or thirty minutes after baby is born, and is called the third stage.

While no one could describe childbirth as an enjoyable experience at the time, it is not always either so painful or so wearisome as is sometimes supposed. The long intervals of rest which occur during the earlier stages, and the feeling of interest and excitement which increases as the long-expected arrival draws nearer, do much to compensate for all pain and discomfort. There is, moreover, a feeling of security in the thought that you are, after all, only doing what hundreds of millions of women have done before you. And at the first cry with which your baby announces that he has come at last, you will forget all the difficulties of his journey and remember only how glad you are to welcome him.

AFTER THE CONFINEMENT

Back-ache and general lassitude are not necessary consequences of childbirth, and if they occur a doctor should be consulted. On the other hand it is as well to remember that a confinement can be a great mental and physical effort ; *plenty of rest* is very necessary for two or three months after baby's arrival. Ten minutes' rest on the bed while you slowly drink a cup of milk or cocoa at 10.30 a.m. ; half an hour or so in the afternoon after baby's 2 o'clock feed before you take him out for his afternoon walk ; such times are well spent and you will tackle your household problems all the better for being sensible about rest instead of wearily keeping on without a break.

A post-natal examination by the doctor, about a month after baby is born, is very important, just to see that everything is settling down as it should.

COLOSTRUM

During the first day or two after baby's birth and before the breast milk has come in, a milky white fluid is secreted in the breast. This, called colostrum, is of special value to baby. It helps him to start life the way that nature intended. Therefore baby should be put to the breast for the first few days after birth, even if bottle-feeding becomes necessary later.

Sometimes, however, the colostrum fails to flow easily from the nipple and as a result the breasts become over full. This not only causes considerable discomfort but makes it difficult for baby to suckle.

It is really important that this " blockage " should be rectified either by hand-milking or by the use of a breast pump, and the breasts be thoroughly emptied at each feed.

Section Two

THE FIRST YEAR

The day's routine

FOUNDATIONS OF INFANT MANAGEMENT

During the first few months of life a baby needs :—

Absolute regularity in daily routine.
Freedom from nervous excitement.
Correct feeding.
Fresh air.
Mothering.

ROUTINE WHEN FEEDING 4-HOURLY

6.0 a.m. Feed. Change napkin. Put back to sleep.

9.30 a.m. Prepare and give bath (½ hour). Feed.
(*Allow a little kicking time on your lap after this feed, after baby is six weeks old*).

10.30 a.m. Put outside in pram to sleep .
(As baby grows older this sleep will get shorter. Change his napkins when he wakes and let him lie and play till 2 p.m., outside if he will be content, but inside where he can watch you if he doesn't like being alone).

2.0 p.m. Feed. Change napkin.
Put back in pram to sleep.

4.30 p.m. "Mothering-time." Talk to baby and let him kick and play on your lap.

5.30 p.m. Prepare and give evening wash. Feed.
Put to bed.

10.0 p.m. Change napkin. Feed.

ROUTINE WHEN FEEDING 3-HOURLY

6.0 a.m.	Feed. Change. Put to sleep.
8.30 a.m.	Prepare and give bath. Feed. (*Allow a little kicking time on your lap after this feed, after baby is six weeks old*).
12 noon.	Feed. Change napkin. Put in pram to sleep or play.
3.0 p.m.	Feed. Change napkin. Put in pram to sleep.
4 30 p.m.	" Mothering-time."
5 30 p.m.	Prepare and give evening wash. Feed and put to bed.
10.0 p.m.	Change napkin. Feed.

The question of " holding baby out " is discussed on page 22.

Regularity It is important that major activities should take place, as far as possible, *at the same time each day.* This helps so much towards ensuring good digestion and quiet sleep.

Baby should be fed regularly. If the birth weight is under 7 lbs. he should begin with 3-hourly feeding (*i.e.*, feeds at 6 a.m., 9 a.m., 12 noon, 3 p.m., 6 p.m., and 10 p.m.) until he weighs 7 lbs. Then 4-hourly feeding should be substituted.

A regular routine is most desirable but it should not become so rigid that it cannot ever be varied if occasion arises. If, perhaps, baby has missed his usual sleep and shows unmistakable signs of hunger, the feed may be given a little before it is due.

SLEEP

If baby is being correctly fed, is warm but not too warm, and is put in a reasonably quiet place, he should fall asleep without rocking or patting. If he won't settle down to sleep it may be that he has not brought up all his wind, or his napkin is wet or too tight.

Some babies like the sound of singing or music (very soft) from the wireless to reassure them that they are not alone in the world. Make sleep as easy and pleasant for baby as possible by every means available except carrying him about in your arms, rocking or patting. Once you begin any of these there is no end to them—and the demands increase as baby grows older.

Hours of sleep

Birth—3 months about 20 hours.
3—6 months reducing to 15 hours.
6 months—1 year about 14 hours.

Twelve hours' sleep at night and one hour during the day is advisable till three years old, after which the day sleep can merely be a rest on the bed with toys, before or after the midday meal. Children's need for sleep varies very greatly. You can't *make* a child sleep. You can only provide quiet, warmth, dark, and freedom from excitement—then hope for the best.

Waking up

Never wake baby suddenly. If waking him for a feed, take him up quietly from his cot and lay him on your lap. As you gently remove his shawls, he will stretch out his limbs and gradually wake himself up. Ordinary conversation and usual household noise will not as a rule wake baby, but whispering will almost certainly do so and by its " mysteriousness " may frighten him badly as well.

BATHING

An infant requires to be washed all over and sponged in a warm bath every morning ; the best time for this is before the 10 a.m. feed. The evening ablutions need consist only of washing hands, face and lower parts. But *all* clothes (including the vest) should be changed both night and morning.

Morning bath

Preparation Tie on a rubber apron and over that a towelling or flannel apron. Place the bath in readiness and put in about 2 inches of *cold* water. Add hot water to bring the temperature to 100° F. (this should gradually be reduced during the first two months to 80°). If you have no bath thermometer, test the heat of the water with your elbow. It should feel comfortably warm at 100° and tepid at 80°.

Have day clothes, clean napkins and toilet tray or basket all at hand, also one large and one small bath towel. If baby is bottle-fed have the feed ready mixed in its bottle, standing in a jug of warm water.

How to bath Baby

Sit in a low chair*. Undress baby and wrap him in a warm towel.

Hold him with his legs towards you and his head over the side of the bath. Keep your hand under his head to support his head and back and to protect him from the rim of the bath. Sponge his head from the front backwards. Thoroughly rinse off all soap and dry the head well. Clean eyes and nose with moist cotton-wool. (Special bathing of the eyes with weak boracic lotion is not necessary after the first two or three weeks unless specially ordered by the midwife or doctor). Wash his face with water from the bath.

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* An ordinary wooden chair can be made low by cutting three inches off the back legs and two-and-three quarter inches off the front legs.

Now soap your hand thoroughly and pass it quickly and gently over baby's body, being particularly careful to explore the creases under the arms, round the neck, behind the ears, and between the legs.

Next: lift baby into the bath. Once in, let him kick freely for a minute or two. Still holding him firmly with one hand and supporting his head on your arm proceed to rinse the soap away from behind his neck and ears with the other hand.

Then slip a warm towel on to your lap and take baby out of the bath, covering him with the towel. Dry him in front with the second towel, then turn him over on his face (at the same time removing the first towel) and dry him carefully down the back while he lies on the dry towelling apron. Dust a little talcum powder lightly over his body and rub a little zinc and castor oil ointment over the buttocks and in the creases of the groin. Dress him quickly and give the feed.

Evening wash Follow the same procedure when preparing for the evening wash, but use a basin of warm water instead of the bath. You need only wash hands, face and buttocks, but change all clothes.

SCURF

To cure scurf rub a little almond oil into the scalp every night. *Very* gently rub off the scurf next morning and wash the head with soap and water. If baby has " scurf cap "—a thick covering all over the head—this will have to be *picked* off piece by piece after the head has been thoroughly oiled.

REGULAR HABITS

If baby is changed before, and held out after, every feed he will feel more comfortable. Moreover, the upright position on the chamber will help him to bring up " wind ".

Most modern child-specialists, however, are agreed that it is a mistake to insist upon clean habits at too early an age. If baby *does* pass water or a motion you can praise him and show that you are pleased. Even so, he cannot connect your pleasure with the *place* of his action, but merely with the action itself. Thus it is very unwise to scold or show displeasure when, at other times, he dirties his napkin. He may well think that you object to the motion itself and not the *place* where it is passed, so that as he grows more intelligent he may try not to pass a motion at all, in the belief that this pleases you.

Passing a motion after the morning feed which follows baby's bath is a good habit to encourage. The daily motion after breakfast is a habit that baby can (or should) carry on through life, so by all means sit him on the chamber then. But if, even after sitting for a few minutes on the chamber, he prefers to pass the motion later into his napkin, it is best to allow him to do so until he is old enough to understand more clearly what you want.

As baby grows older a careful and observant mother will often be able to anticipate his needs in this matter and, by quickly holding him out, be able to save a soiled or wet napkin. Training in clean habits should not begin seriously until after weaning, and, under special circumstances, may even be left until after baby is a year old. The main thing to remember is that it must *all* be done by encouragement and praise, and " scenes " should be avoided at all costs.

The premature baby

If baby is born during the seventh or eighth month, or even earlier, he may require a great deal of extra care to ensure that he grows up strong and healthy. The tiny baby, weighing from 2 lb. to 5½ lb. at birth, should have professional attention until he reaches at least 6 lb.

Warmth

Warmth is of paramount importance. Room temperature should be 70–80°F. Protect the cot from draughts by padding the sides ; keep it near, though not directly in front of, the fire. Bedclothes should be warm but light (knitted or cellular wool blankets). Hot-water bottles should have thick flannel covers and be placed near but not touching the child, so that only a gentle heat comes through ; they should be renewed every two hours.

Air Keep the window open a little, but do not let the air blow directly on the cot.

Bath Do not bath baby until nurse gives permission. Meanwhile, when changing each napkin, wipe the buttocks with olive oil.

Napkin The usual napkin is not suitable for the premature baby. A small square of absorbent cotton wool covered with gauze, or some other type of disposable pad, should be placed under baby to serve as a diaper—*not folded between the legs.*

Food Breast milk is all-important. If baby is too weak to suckle, draw off your milk with a breast pump and feed from dropper freshly sterilised. Baby will need frequent feeds—2-hourly (12 feeds daily) if he is under 3 lbs ; decreasing to 3-hourly (7 feeds daily) when he is over this weight; and then 4-hourly (5 feeds daily) when baby is over 5½ lbs.

A few drops of glucose and water every four hours (1 teaspoonful to 1 oz. sterile water) will help to give baby energy to suck. A high concentrate of vitamin D, such as may be ordered by the doctor in carefully regulated doses ; also vitamin C, probably in the form of small tablets.

If bottle-feeding is necessary, discuss with the doctor or nurse what the *total* amount should be during the twenty-four hours, as premature babies are apt to be underfed.

The food itself should also be discussed. Modified dried milk, such as Ostermilk No. 1, is very suitable, even for the frailest. But often a baby born too early is in special need of iron because he has not had time to receive a sufficient store from his mother. When this is so, a milk food such as ‘ Ferrolac ’ is usually given. If a high-iron feed is given, do not be alarmed at the colour of baby’s stools : they will be dark green or black.

Twins

PREPARATION

If you are going to have twins, it is now possible to be certain at least some weeks before the confinement. Thus you can have time to make suitable preparations for them.

Cot

A wooden cot is better than a crib or cradle, as you can put one baby at each end and they will not then disturb one another. A blanket can be pinned round the sides of the cot to keep away the draughts, and this can be lowered gradually as the babies become sturdy enough to stand the air. A small chaff overlay for each baby placed over the hair mattress will help to make a cosy nest.

Pram

A large twin pram, with hoods to go at each end, is almost a necessity.

DAILY ROUTINE

Bathing

Have *both* sets of clothes ready. Bath first one baby and put him back into the cot to kick while you bath the second. Be sure to have warm water ready for the second bath before you lift out the first infant.

Breast feeding

Both babies should have an equal chance to suckle at the breast. If there is not enough milk for two, supplement with a bottle *to each.*

Both babies can be suckled at the same time. Sit in a low chair with a stool under your feet, and a large pillow on your lap. Place the babies, facing you, in the middle of your lap with their heads almost touching and their feet towards you under your right and left arms. Put a hand under each head. Let them suckle for 10–15 minutes.

Do not always give the same side to one twin. Change them over with each feed. If the supplementary feeds are necessary, have the bottles ready before you start to nurse.

THE ADVANTAGE OF HAVING TWINS

After the first inconveniences have been overcome, it will be found that twins are considerably less trouble than might be supposed. Any mother who has the good luck to have two babies without two confinements is certainly to be congratulated. Moreover, each infant has a playmate of his or her own age growing up at the same time, which is immensely satisfactory to parents and family alike.

General management

ENVIRONMENT

Don't frighten baby with

Loud noises ;
Sudden movements ;
Angry scolding.

If you are to have peaceful nights, you must give him peaceful days.

Don't excite baby by

Trying to make him laugh too much ;
Too much playing ;
Perpetually attracting his attention.

Above all, let there be a peaceful atmosphere. The proper digestion of baby's food, and consequently his whole well-being, depends on his being kept free from all unnecessary excitement.

PLAYTIME EXERCISE

A baby, if left free to move about, will take a great deal of exercise after the second or third month. Of his own accord he will kick and wave his arms.

The voluntary play-exercise can be supplemented as baby gets older by holding a bright toy just out of his reach and encouraging him to stretch up for it. Also, try pressing your hand against the sole of his feet so that he may try to push it away.

Let baby lie and kick for a while after a meal. It is better than putting him straight down to sleep so that he wakes an hour before his feed is due, hungry and possibly fretful. *Be* *careful, however, never to overdo his activities, particularly in the early months. Five to ten minutes is sufficient or he may get too excited.*

MOTHERING

Even the busiest mother should try to find a few intervals during the day in which to strengthen the bond between herself and her infant by that kind of personal contact which is called "mothering". The best time is after the feed, when baby will like to lie on your lap playing with your fingers or kicking his little feet against your restraining hand. You are baby's first important link with that outside world to which he must gradually accustom himself, and his ability to adjust himself happily to new ideas and new faces will be greatly strengthened if from the very first he can feel a sense of security and happy companionship in your presence.

Breast feeding

After the confinement is safely over, one of the first questions that a young mother asks her nurse is "When can I begin to feed baby?" She feels instinctively that this strange new infant cannot possibly realise his special relationship to her until he has found at her breast the food he seeks and which no one else but she can provide.

The fundamental requirements for the nursing mother are good food, fresh air, good health and (most important of all) a quiet mind and cheerful disposition. Worry, over-excitement and nervous tension are more fatal to breast feeding than short rations.

Stimulation

Baby sucking strongly at the nipple provides the stimulation necessary to make the breasts secrete the milk. Outside stimulation can also be provided, when necessary, by applying alternate hot and cold water sponging to the breasts—always finishing with cold water.

Abnormal swelling of breasts

It is now generally recognised that one of the common causes of failure to breast feed is abnormal swelling of the breasts. This may occur about the third day and is believed to be due to a choking up of the milk duct by the thick colostrum (first milk—see page 18).

If baby is unwilling or unable to suck strongly the milk duct remains choked, baby is dissatisfied because he is not getting enough food and finally the milk, unable to obtain an outlet, is reabsorbed and breast feeding has to be abandoned. Great care should therefore be taken not only to keep the nipples free of any incrustation of milk, but also (by hand manipulation where necessary) to keep the breast from becoming too full of milk.

Vitamin C Additional vitamin C (ascorbic acid) is necessary for babies after the first six or eight weeks of life. Any of the following sources can be used : orange juice, 2 teaspoonfuls (diluted) ; rose hip syrup, 2 teaspoonfuls ; black-currant juice (well diluted), 1 teaspoonful. These various quantities represent approximately the right amount of vitamin C. Tablets of ascorbic acid may be used instead, if natural sources are not available.

Neither prune juice nor grape juice provide vitamin C.

TEST FEEDS

Should there be any doubt whether baby is getting sufficient milk at a breast feed, weigh him before and after feeding to see how many ounces he has taken. If he has taken 3 oz. of milk he will weigh 3 oz. more after the feed than before, *providing he has not taken more than twenty minutes over the feed.*

From the feeding table on page 38 you can discover how many ounces of milk baby should be having for his age, and you will thus be able to tell, within a little, if baby is getting sufficient. Test feeding, to be of real value, must cover all feeds during the 24 hours.

MOTHER'S DIET

Quantity It is very doubtful whether extra food (provided the mother is already getting a good mixed diet) makes any appreciable difference to the *quantity* of milk available. On the other hand, extra liquid—particularly water—is almost certainly a help. After you have put baby out for his morning sleep a drink of milk or milky cocoa, taken resting in a comfortable chair, gives you a feeling of renewed vigour which is very beneficial.

Quality

The *quality* of breast milk is mainly affected by the mother's diet in respect of minerals and vitamins. It is most important that a mother who is breast feeding her baby should have plenty of milk and green vegetables (both good sources of calcium), and also extra vitamin D in order that the calcium may be well utilised. If the doctor approves, one calcium-vitamin tablet a day may be taken by the nursing mother ; or he may consider that additional supplies of certain other minerals or vitamins are desirable, for which different tablets are available.

Medical aid

Doctors are often able to-day to prescribe preparations or give injections which, if started early enough, can restore failing breast milk to full normal flow. Always consult your doctor or the clinic if you feel that your milk is insufficient and becoming less. Never give up on your own decision . . . modern knowledge is greater, and the prospects of achievement better than perhaps you have imagined.

TROUBLES TO AVOID OR OVERCOME

Nervous strain

Temporary loss of breast milk can occur when a mother suffers great nervous strain such as sudden bad news, an accident or a violent quarrel. The shortage will probably only last a little while, until the nervous system has recovered. In the meantime, baby must temporarily be fed with an artificial food, although he must also be put to the breast first in order to encourage the milk flow.

General debility

An hour's rest during the day, lying down on the bed, is really necessary for at least four months after baby's birth. A daily walk with the pram in the afternoon gives fresh air and exercise. The right diet (see page 9) will keep your bowels regular. If, in spite of these precautions, you suffer from lassitude and weariness, see your own doctor or the clinic doctor. Ill-health is *not* the natural result of child-bearing.

MONTHLY PERIODS

The monthly periods may possibly begin again while you are breast-feeding baby. This is in itself no indication that you ought to wean baby on to bottle-feeds. So long as no real disturbance in health occurs, in mother or child, such weaning need not be considered before the normal time. (See page 36).

SPACING THE FAMILY

Many mothers believe that, as long as they continue to suckle one infant, they cannot conceive another. This is not entirely true, because many women do conceive while suckling. For some women breast feeding is undoubtedly a safeguard, but it is not one on which it would be safe or wise to depend.

If parents have any anxiety on the subject of having a family too quickly, by far the best thing for them to do is to consult either their family doctor or the doctor at the Welfare Centre. Nobody would want to have an only child, but most parents prefer to have a year or two between each one, and continual worrying about the possibility of having another child too soon creates a thoroughly bad atmosphere in the home. The doctor will be able to advise you more wisely and soundly than anyone else.

‘ DRYING UP ’ THE BREAST MILK

When the last breast-feed has been given, bind a clean towel tightly round the empty breasts. Take a dose of Epsom salts on the next two or three mornings. The breasts will probably fill up and become tight and rather painful, but it is far better to put up with this inconvenience for a day or two than to try relieving the tension by drawing off the milk. If the breasts become hard and lumpy, gentle massage with olive oil may bring relief. Drink as little liquid as possible during this period.

On the second or third day the hardness should begin to pass away, and by the end of a week the breasts should have resumed their natural size.

Bottle feeding

WHEN IS BOTTLE FEEDING NECESSARY ?

A mother who wishes to begin bottle feeding her baby usually gives one or both of the following reasons : " Baby is not gaining in weight " or " Baby always seems hungry ".

Before giving up, however, make every effort to increase the supply of breast milk. Study once more the previous chapter, in which this question is gone into very fully. Consider also the possibility of *complementary* feeding which may be used to tide over a difficult period.

COMPLEMENTARY ('EXTRA') FEEDS

If the test feed and baby's obvious hunger show that baby is not getting enough milk during the 24 hours, each feed can be made up to the right quantity with a feed of Ostermilk. In this event, a test feed should be made at least once a week to make sure that the extra amount is correct and continues to be needed.

Roughly speaking, a baby requires about 2½ oz. of food (breast milk or milk mixture) for every lb. of body weight per day. For instance, a 12 lb. baby would need 30 oz. during the 24 hours. This can be five feeds of 6 oz., or can be six feeds of 5 oz.

SUPPLEMENTARY ('ALTERNATE') FEEDS

A bottle feed given *instead* of a breast feed is not advisable when the breast milk is deficient. The fact that baby will not be suckling at the breast will weaken the action of the mammary glands and your supply may become poorer than ever. Complementary feeding (see above) is better.

If, however, a mother finds it impossible to be at home at the right time for the feed, baby *can* be given a bottle (for directions see page 38) instead of the breast feed. When this is done the mother should be sure to draw off her own milk which baby would have taken. This can be done either with a breast pump or by massaging the breast and squeezing the milk from the nipple with her fingers into a tumbler.

COMPLETE BOTTLE FEEDING

If you have finally decided that a complete substitute for the breast milk must be found, the all-important question arises : what shall that substitute be ? It will, of course, be cow's milk in some form, but whether it should be liquid milk or dried milk must be carefully considered.

Liquid milk In order to make cow's milk (which is intended by nature for calves) suitable for infant feeding it must be modified by the addition of exactly the right quantity of water and sugar ; the curd may have to be broken up by the addition of citrate of soda ; more vitamin D must be added (because it is well known now that milk is at no time a rich source of this vitamin) ; precautions must be taken to see that the milk is not contaminated in any way, particularly during the summer, when flies, dust and thunder are all a perpetual menace ; and finally, all liquid milk should be boiled before being given to baby.

Dried milk A great deal of that fuss and bother can be eliminated if a dried milk is used instead of liquid milk. And there is the additional satisfaction of knowing that with dried milk, the modification is both strictly accurate and unvarying—neither of which may be the case when you do it yourself. Finally, the poor vitamin D content of milk will be rectified if you choose a well-known brand of infant milk food which you know to have a measured amount of vitamin D added to it. Ever since 1928 Ostermilk has contained added vitamin D. Now, all baby foods are required by an Order to contain added vitamin D.

Choice of dried milk Even when you have decided to use dried milk you have still to choose which, of the many reputable brands you have seen advertised, you will give to your baby. Rather naturally, as this is called The Ostermilk Book, the dried milk recommended in these pages will be Ostermilk. But the reasons for using this food, in preference to any other, are very sensible. And, as they are set out quite clearly, it is open to any mother to argue the matter out for herself.

CONSIDERATIONS IN CHOOSING BABY'S MILK FOOD

Digestibility

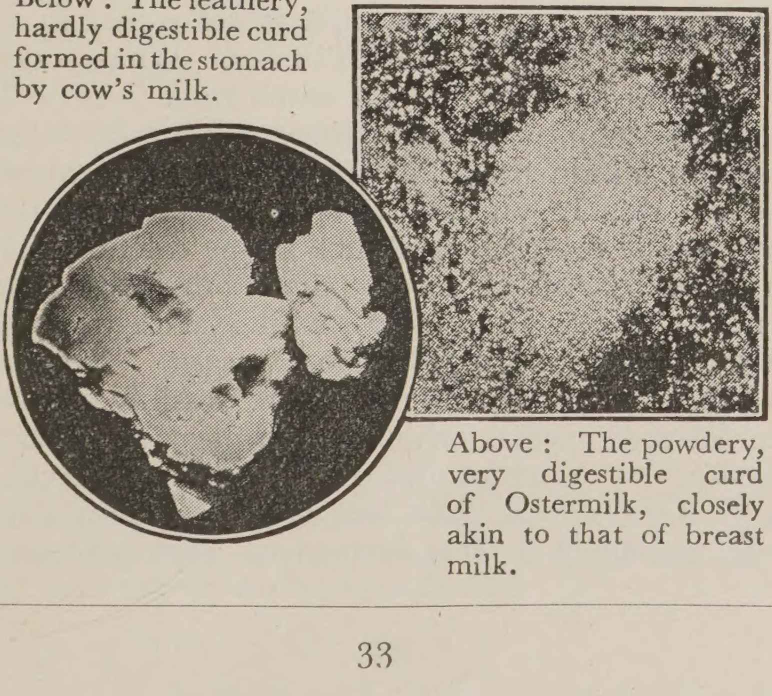
It has already been pointed out on page 32 that even the best cow's milk cannot be given to baby unless it is modified to suit his needs—so different from those of the young calf. The curd must be broken up to make it light and flocculent like the curd of mother's milk. This can be done by a method of manufacture known as the " roller " process of milk-drying. The milk is poured on to hot rollers and the water evaporated away, leaving only the solids of the milk (the milk powder) behind. At the same time the protein (curd) disintegrates, and is no longer able to form hard, indigestible clots in baby's stomach. *The milk of Ostermilk is dried by the roller process.*

Modified food

Breast milk differs from cow's milk in two ways. First, breast milk has very little protein, and even that little is of a fine and easily digested kind. Secondly, it has much more sugar. To make cow's milk fit for tiny babies it is therefore necessary to reduce the amount of protein and to add sugar. Where liquid milk is being used this can be done by adding water to reduce *all*

See the curds for yourself

Below : The leathery, hardly digestible curd formed in the stomach by cow's milk.



Above : The powdery, very digestible curd of Ostermilk, closely akin to that of breast milk.

the solids (sugar, fat and protein), then adding extra sugar and fat (cream) to bring them back to their correct proportions, leaving only the protein reduced. It is not very easy to do this if the proportions are to be exactly right for baby. And, in any case, the protein of raw cow's milk is much " thicker " and less easily digested than the protein of mother's milk. However, Ostermilk No. 1, for example, is *scientifically* modified in all its constituents to be exactly suitable for baby's first months (and the protein itself is already fine and easily digested because it has been broken up in the drying process).

Full-cream food Baby, however, is not going to need a modified milk all his life. His stomach needs to learn, gradually, to deal with milk in its complete form. So there is full cream unmodified milk food ready for baby as soon as his digestive capacity is strong enough for it. Ostermilk No. 2 is full-cream milk with all the fat and protein of unmodified cow's milk—but with the difference that its light protein closely resembles that of breast milk.

At three to four months is usually the time for No. 2 and (following carefully the directions given on page 41) the change from No. 1 can be made without causing the slightest upset to baby and without halting, even for a day, baby's steady progress.

Vitamin content Why cow's milk is *not* richer in vitamin D it is difficult to say. What *is* certain is that babies who have to rely on cow's milk (wet or dry) for their only food, require to have some additional vitamin D if they are to obtain their full supply. Milk claimed to be " naturally " rich in vitamin D is an excellent foundation, but a very vague protection. Much of the calcium that baby takes in his milk will be merely passed out in his motions if he has not sufficient vitamin D in his system to accept the calcium and send it into the blood stream. He may not develop acute rickets, but he may quite possibly develop that early, undetected rickets which shows itself in later life as poor physical development and quickly decaying teeth. (See page 65.) *The Ostermilk foods have an extra guaranteed content of vitamin D, amounting to 800 international units per reconstituted pint.*

Mineral content

As everyone probably knows, iron is very important to the body. Every red cell in the blood should have a definite amount of iron within it for, if the proportion falls below a certain level, nutritional anaemia results. But, even if the bottle feeds contain little or no iron, the healthy infant may not show any noticeable signs of anaemia for several months. While still unborn, baby draws out of his mother's blood good reserves of iron for himself—sufficient, if possible, to tide him over for quite a time (unless mother herself was suffering from anaemia or unless baby's birth was premature).

Nevertheless, nature did not intend any infant to draw so heavily upon his own reserves that they should be used up before he could be weaned on to solids. Mother's own milk, therefore, contains some iron. Cow's milk, on the other hand, contains practically none at all. In the Ostermilks, proper regard has been paid to this need. A small amount of iron has been added, very exactly, so that the healthy baby can maintain the store which he brings into the world with him to keep him healthy.*

Cleanliness

Cleanliness in the manufacture and handling of foods is always important. In dealing with food for infants it is vital. The only really sensible thing to do is to make sure that the milk you give baby is absolutely pure when you buy it and to see that you keep it clean and untainted.

Dried milks such as Ostermilk are guaranteed tubercle-free and bacteriologically pure.

Price

Reading the foregoing paragraphs it would seem that any food which conforms to such a high standard must certainly be in the usual " expensive " class. This is by no means the fact. Ostermilk has always cost less than most other branded dried milks. And the policy of its makers, in supplying baby's essential needs at the lowest possible price, is still in force in spite of post-war conditions and increasing demand.

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* The amount of iron added to Ostermilk (5 parts per million in the reconstituted milk) is not, of course, enough to make up for any serious deficiency in baby's own reserves ; a special iron-rich milk-food will be ordered by the doctor if there is a special need.

Conclusion The case for Ostermilk has been stated. It is not desired to suggest that babies cannot be brought up on other forms or brands of food. Moreover, perfect health cannot be obtained by food alone. Fresh air, happy surroundings, heredity, all have their part to play. Nevertheless, it is slowly but surely being realised that careful regard for vitamins and minerals, and the correct balance of protein, carbohydrate and fats in the daily food, are of tremendous importance in raising the standard of national health. So if baby is to have the best possible chance he must start right, and it is difficult to see how (if he cannot have mother's milk) he could have a better start than by taking a milk food in which the proper regard has been paid to modern dietetic knowledge.

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GENERAL GUIDANCE

Feeding from birth If it is necessary to feed baby from birth on Ostermilk the doctor or nurse will decide what are the correct amounts to give for the first ten days. After this the feeding instructions on page 38 can be followed.

Weaning from breast to bottle When weaning from breast to bottle give the bottle feed first at the 10 a.m. feed. Then, after a day or two, give the bottle at 6 p.m. as well, and later on at 2 p.m. The 6 a.m. and 10 p.m. breast feed should be discontinued last, and both on the same day.

Position for feeding If baby is to feed in comfort the natural semi-upright position, supported in his mother's arms, is necessary. *He should never be left to feed himself in cot or pram.* The mother of a breast-fed baby does not grudge the time she gives to feeding him, and there is no reason why the mother of a bottle-fed baby should do so. Apart from other considerations, the infant gets an "unwanted" feeling if left to take the bottle alone instead of being "mothered" in the natural way.

During the feed it is usual to take the bottle out of baby's mouth from time to time (see page 65). When you do this, give the bottle a good shake. The cream in the reconstituted dried milk separates more quickly than in wet milk and an occasional shake will help to redistribute it.

Give your whole attention to feeding baby and never attempt to read or talk until he has finished. When your mind is distracted it disturbs him and prevents the meal from being as satisfactory as it should be.

Vitamin C

Additional vitamin C is necessary for babies after the first six or eight weeks of life (see page 28).

BABY'S RATE OF GAIN

The table below shows the average rate of increases in weight that may be expected. To discover what your baby should weigh *approximately*, add his birth weight to the weight shown in the table at his present age. Remember, however, that slight variation from these figures does not necessarily mean that something is wrong. Other signs must be taken into account. Study carefully the " Average Growth and Development " section on pages xiii to xv.

TABLE OF AVERAGE WEIGHT INCREASES

Add these Weights to Birth Weight.			*Baby's Birth Weight is*			
AGE	lb. (16 oz.)	oz.	AGE	st. (14 lb.)	lb. (16 oz.)	oz.
1 week*		0	9 months		10	4
2 weeks*		4	10 ,,		11	4
3 ,,		10	11 ,,		12†	4
4 ,,	1	0	12 ,,		13	4
2 months	2	12	15 ,,	1	2	8
3 ,,	4	8	18 ,,	1	4	4
4 ,,	6	0	21 ,,	1	5	8
5 ,,	7	4	2 years	1	6	12
6 ,, †	8	4	3 ,,	1	11	0
7 ,,	9	0	4 ,,	1	13	12
8 ,,	9	8	5 ,,	2	0	8

* *In the first days of life a baby usually loses a few ounces and climbs back to birth weight at about the tenth day.*

† *Generally speaking, the infant may be expected to double his birth weight at five to six months and treble it at twelve months, if there have been no serious interruptions in progress.*

FEEDING TABLES

Age	Level Measures * of Food per Feed	Table-spoons † Hot Water	Total Measures of Food daily	Days (approx.) per tin ‡
3-Hourly (6 feeds daily)				
During 1st and 2nd weeks	2	4	12	9½
„ 3rd week	2½	5	15	7½
„ 4th week	3	6	18	6½
„ 2nd month 5th-8th week	3½	7	21	5½
4-Hourly (5 feeds daily)				
During 1st and 2nd weeks	2½	5	12½	9
„ 3rd week	3	6	15	7½
„ 4th week	3½	7	17½	6½
„ 2nd month 5th-8th week	4	8	20	5¾
„ 3rd month 9th-12th week	4½	9	22½	5
Ostermilk No. 1 is advised up to 3-4 months *Ostermilk No. 2 is usually advised hereafter* §				
During 4th month 13th-16th week	5	10	25	5
„ 5th month 17th-20th week	5½	11	27½	4½
„ 6th month 21st-24th week	6	12	30	4
„ 7th–9th month	7	14	35	3½

NOTE: Sugar may be added to the feeds on the advice of your doctor or nurse (see page 41).

* The 16-oz. tin of Ostermilk No. 1 yields 115 level measures of powder (approximately 7 per oz.). No. 2 yields 125 level measures (approximately 8 per oz.).

† Two tablespoonfuls = approximately one fluid ounce.

‡ See page 41.

§ See page 41 for " Change-over " Instructions.

Feeding by weight

Some doctors consider that a baby should be fed by weight rather than by age, allowing 2½ fluid ounces of food (breast milk or milk mixture) for every pound of body weight during the 24 hours.

THE COMPOSITION OF OSTERMILK

For those who have a knowledge of nutritional values, the following table will be of interest.

Constituent	Reconstituted according to instructions.	
	No. 1	No. 2
	per cent	per cent
Fat	2·3	3·0
Protein	2·2	2·9
Carbohydrate	6·8	4·2
Mineral salts	0·5	0·6
Moisture	88·2	89·3
	per fl. oz.	per fl. oz.
Calorific value	17	18
Iron, parts per million ...	5	5
	per pint	per pint
Vitamin D, international units added	800	800

OSTERMILK IN USE

The measure

Tins of Ostermilk normally contain a little metal measure. Owing to shortage of material, however, there may not be a measure in every tin. Save the first metal measure you obtain therefore and pass all others to your chemist or Welfare Centre. If you have none your chemist or the Health Visitor may be able to supply one which you should sterilize by boiling.

If you cannot obtain a measure, spoon the powder into a medicine glass to the " one tablespoonful " mark, tapping the glass lightly on the table at the same time. This will roughly equal one measureful. DO NOT USE A TABLESPOON AS A MEASURE; it is quite unreliable. If you have no medicine glass you may weigh out 1 oz. of Ostermilk No. 1 (dry) to make seven measures, or 1 oz. of No. 2 to make eight measures.

How to prepare Ostermilk Dip the measure into the tin and scoop up the powder. Then level it off flat with the edge of a knife. When only a little powder remains in the tin, and scooping becomes difficult, you may fill the measure from a spoon, using slight pressure when levelling off. For half measurefuls, divide a full measure with the blade of a knife.

Put the powder (as many measurefuls as the feeding table indicates for *one feed*) into a small measuring jug. If you have to mix up the food in an unmarked jug, use a tablespoon to measure out the water (two tablespoonfuls equal approximately 1 fl. oz.) or use the feeding bottle to give you the correct measurement.

Add enough boiled water (see below for temperature) to mix the powder into a thin cream. Add more boiled water until you have exactly the required amount, then pour this into baby's bottle.

Note specially (1) Never prepare baby's bottle in front of him. Keep it right out of his sight until you are actually ready to feed him.

(2) It is better to prepare one feed at a time.

Temperature of feed Ostermilk should be made with boiled but not boiling water. The best procedure is to pour water from the kettle into a clean china jug ten minutes or so before mixing the feed. When mixed this way the fat will not separate so easily as when mixed with very hot water.

Bottle feeds should be given at the same temperature as breast milk—*i.e.*, at blood heat. Shake a few drops on to your forearm. If they feel only just warm the temperature is correct.

If baby feeds slowly, slip the bottle into a little flannel bag.

This will keep the temperature steady during a lengthy feed.

Length of feed

Baby should not take more than 15–18 minutes over a feed. Use a teat which allows about 16 drops per minute to escape when the bottle is reversed.

Baby should not be allowed to go to sleep with the teat in his mouth or left sucking an empty bottle.

If baby does not finish a feed, the milk remaining should be poured out and the bottle washed ; the milk should *not* be kept for the next feed.

How many feeds from each tin ?

If you are using a *noticeable* amount more Ostermilk (or less) than is stated in the end column of the feeding table (page 38), you are probably giving baby too much food (or too little, as the case may be). The " days per tin " figures should not, of course, be used as the *only* guide to over- or under-feeding, but they are a helpful indication. (It must be remembered, too, that when weaning begins, the amount of milk food given daily will alter according to the instructions on pages 42 to 44.)

How to change to full-cream

The change-over from modified to full-cream food must be made very gradually. Suppose at four months of age baby is having five measures of Ostermilk No. 1 in his feed, begin by four measures of No. 1 and one measure of No. 2. After a day or two of this give three measures of No. 1 and two of No. 2 ; then two of No. 1 and three of No. 2 ; then one and four ; and finally all No. 2. The feeding table for both Ostermilks is the same (it is the foods themselves that differ—in protein and fat content).

Be careful to use the measure from the No. 1 tin for Ostermilk No. 1 and that from the No. 2 tin for Ostermilk No. 2, as the capacity of each measure is modified to suit the different densities of the milk powders.

Addition of sugar to feeds

Under certain circumstances it may be desirable to add a little sugar to baby's Ostermilk feeds. For example, the addition of 1 to 1½ teaspoonfuls of sugar to the feeds of

Ostermilk No. 2 is sometimes recommended, but such additions should only be made on the advice of your doctor or nurse.

Care of dried milks Like other dried milk foods, Ostermilk should be kept in a cool, dry place with the lid of the tin tightly closed.

BOTTLES AND TEATS

Bottles are of two types—upright and double ended. The 2 oz. or 4 oz. size is very convenient for small feeds. The upright bottle can be obtained in Pyrex ware and is more economical because breakage is minimised and valves are not required. Immediately after the feed the bottle should be rinsed with cold running water ; then it should be washed in warm soapy water, rinsed under the tap and left completely covered with cold water until the next feed. (See page xi).

Teats and valves should be washed with cold water immediately after the feed. They should be rubbed with salt, inside and out, to remove the milk slime then rinsed in cold water, dried, and placed on a clean saucer under an inverted cup.

Bottles, teats, valves and bottle-brush should be placed in *cold water* and boiled for 3 minutes every day.

On to solids

If baby seems persistently hungry and dissatisfied on the normal breast or bottle feeds and yet you are confident that the milk feeds are quite adequate for his age and weight, it may well be a sign that he is beginning to need small amounts of a suitable solid food. Modern teachings consider that this addition may become desirable as early as the fourth month, even if initially in the form of only tiny tastes.

It is most important that the change from liquid food to a mixed diet should progress *very gradually*. If this point is always borne in mind, digestive disturbances and loss of appetite should not occur. And, as baby grows older, there will be little danger of meals becoming a nightmare instead of a pleasure.

The first solid food

The choice of baby's first solid food is, of course, a matter of great importance. Upon that food depend so many things—the formation of healthy blood, for instance, and the development of strong bones and sound teeth.

On pages 45 to 49 you will find a well-planned weaning routine, based upon many years of successful experience. Your doctor or Welfare Centre may recommend certain modifications to this plan and, of course, their advice should be carefully followed.

Spoon feeding : addition—not substitution

When food is first introduced on a spoon, baby should be encouraged to recognise that this is an additional pleasure and not an attempt to deprive him of the breast or bottle feeds. In this respect it is useful to remember that almost every baby will take the first addition of solid food more readily *before* the liquid feed than after it. To start with, baby will simply suck the food from the spoon, becoming more ambitious in his methods as he grows used to this new departure.

A gradual process

It is all important that baby should continue to *like* his meals. A little nourishment taken with pleasure does far more good than a larger amount taken with cries and struggles. Baby likes sucking his food from breast or bottle. The action gives him a feeling of happiness and well-being and increases his sense of security . . . . all of which are really important aids to digestion. Similarly, because baby associates milk with the pleasure of sucking, he may drink water or orange juice quite willingly from a cup but refuse to take milk in this way.

To help ensure that baby remains happy and contented during the weaning period it must therefore be emphasised that some part of his food should be obtained from breast or bottle until he is about 8 months old.

About Farex

Farex is a cereal food designed especially to give baby the additional nourishment he needs when the time for weaning comes along . . . . . . nourishment in a palatable and highly digestible form.

Farex is no ordinary cereal food. It is, in fact, a blend of *three* cereals—wheat, oat and rye flours—well cooked, finely sieved, and reinforced with dietary calcium, iron, vitamin D and yeast.

The carbohydrates in Farex keep baby supplied with abundant energy ; its extra protein nourishes the body tissues ; its calcium—put to good purpose by the added vitamin D—assists the building of firm teeth and bones ; its iron helps to keep the blood healthy.

The composition of Farex is given below :—

	Per cent		Mg. per oz.
Fat	2·5	Iron	6 ,, ,,
Protein	13·4	Calcium	212 ,, ,,
Carbohydrate	73·5	Phosphorus	112 ,, ,,
Mineral matter	3·6	Vitamin D	
Fibre...	0·5	(calciferol)	1,000 i.u. ,, ,,
Moisture	6·5	Calorific value	110 ,, ,,

3 tablespoonfuls of Farex (dry) = approximately one ounce.

Throughout the progressive stages of weaning, Farex provides the staple nutrition of baby's daily diet to guide him along the road to happy, healthy childhood.

Preparing Farex Farex is very easy to prepare. It is quickly mixed with sufficient warm milk to give a consistency of thick cream and then sprinkled with a little sugar.

Farex is equally simple for baby to accept because it is so smooth.

At the beginning of weaning only very small quantities of Farex should be offered—about a teaspoonful at first, gradually increasing the amount in accordance with the information given in the tables on pages 45 to 49.

Later on, Farex may also be used for example, as a thickening of broths, soups or gravies. And, when baby is nine months old, further variations such as honey or grated chocolate may be introduced into the Farex meals. Farex offers endless mealtime varieties and baby will soon show an unmistakable appreciation of the flavours he prefers.

SPECIMEN DIETS

4—6 months

6 a.m. Breast or bottle feed.

10 a.m. Introduce Farex. Make up a feed of either Ostermilk No. 2 or boiled cow's milk. Take one teaspoonful of Farex and mix with one tablespoonful of the prepared feed and a sprinkle of sugar. Give the remainder of the feed by bottle or a shortened breast feed.

Increase the amount of Farex very gradually until, by about the end of the sixth month, baby is having two dessertspoonfuls of Farex mixed with three tablespoonfuls of the prepared feed, followed by the remainder of the feed by bottle, or a shortened breast feed.

2 p.m. Up to the first week of the fifth month give a full breast or bottle feed. After this introduce vegetable purée. Give one teaspoonful of vegetable purée mixed with one teaspoonful of Farex and one tablespoonful of milk. (This mixture should be of a creamy consistency). Follow with a short breast or bottle feed.

Gradually increase this amount (and *decrease* the breast or bottle feeds) until, at about the end of the sixth month, baby's *full* feed consists of vegetable purée mixed with Farex and milk.

	6 p.m.	As for 10 a.m. feed.
	10 p.m.	Breast or bottle feed.
		Fruit juice or vitamin C tablets (*e.g.*, *Infant* 'Celin'); and cod-liver oil or vitamin drops (*e.g.*, Adexolin Liquid), should be given daily.
6—7 months	6 a.m.	Breast or bottle feed.
	10 a.m.	Rusk to bite. Follow with Farex and milk and a small breast or bottle feed.
	2 p.m.	One tablespoonful of bone broth thickened with Farex; *and* vegetable purée blended with Farex and milk. Towards the end of the seventh month give also half an egg yolk blended with Farex.
	6 p.m.	Rusk or Farex and milk. Small breast or bottle feed to follow.
	10 p.m.	Gradually discontinue breast or bottle feed, substituting cup for breast or bottle if required.
		Fruit juice or vitamin C tablets (*e.g.*, *Infant* 'Celin'); and cod-liver oil or vitamin drops (*e.g.*, Adexolin Liquid), should be given daily.
7—8 months		For the first week continue as before but try substituting a cup for the breast or bottle at the 10 a.m. feed. At about the third week adopt the following routine, arranging

	the feeds according to the household mealtimes.	
8 a.m.	Rusk *or* Farex. Within a few days, give last breast or bottle feed.	
10 a.m.	Fruit juice.	
12–1 p.m.	Bone broth ; vegetable purée ; and, as available, egg-yolk, brain, sweetbread *or* liver, blended with Farex. For second course you could give one tablespoonful of milk pudding.	
3–4 p.m.	Milk feed from cup ; and rusks.	
6–7 p.m.	Farex mixture and drink of milk from cup. Fruit juice or vitamin C tablets (*e.g.*, *Infant* ' Celin ') ; and cod-liver oil or vitamin drops (*e.g.*, Adexolin Liquid), should be given daily.	
8 a.m.	Bread and butter. Marmalade, honey. Cup of milk.	**8—9 months**
10 a.m.	Fruit juice.	
12–1 p.m.	Bone broth ; a little mashed potato ; sieved vegetables ; and, as available, white fish (steamed or boiled), egg (lightly boiled), or liver, etc. Second course. Milk pudding, junket or jelly. A few teaspoonfuls of steamed apple may be given with Farex or custard. Drink of water.	
3–4 p.m.	Bread and butter. Jam. Milk (flavoured.)	

6–7 p.m.	Farex can be varied at this meal with another cereal or groats. Fruit juice or vitamin C tablets (*e.g.*, *Infant* 'Celin'); and cod-liver oil or vitamin drops (*e.g.*, Adexolin Liquid), should be given daily.

10 months Baby will now be on a pleasantly varied diet. With certain exceptions such as meat, steamed pudding and pastry, this diet will not alter appreciably in its main constituents until after one year, when these foods can also be gradually introduced.

The majority of children *over one year* do well on three meals a day with a drink of water and fruit juice in the morning. It must always be remembered, however, that the highly-strung excitable child may need smaller and more frequent meals than the placid youngster who can take larger meals and digest them more slowly.

From the mother's point of view, the ease with which Farex is prepared is a real blessing. It is one of the most health-giving cereal foods in the world and makes weaning as simple as it can possibly be.

SPECIMEN 3-MEAL DIET

On waking.		Drink of water with any fruit juice obtainable.
Breakfast.		Buttered rusk or toasted bread, Farex, or other cereal, and milk.
	and	A sardine with bread crumbs
	or	Coddled egg and bread and butter Stewed fruit. Milk to drink.
Dinner.		Fish, chicken, rabbit, tripe, lamb, liver with freshly boiled and mashed potatoes—and green vegetables (no stalk or fibre), or mashed root vegetable
	or	Lentil or pea soup with a little very finely grated cheese, and vegetables
	and	Stewed fruit and custard or milk pudding, sponge pudding. Water to drink.

Tea.	Toasted wheatmeal (or wholemeal) bread with a little butter and honey, syrup or jam, and fruit. Milk to drink. 4–6 oz. of milk from a cup if required before bedtime, or at 10 p.m. for a short time if baby wakes.

CLASSIFICATION OF VARIOUS FOODS

A healthy diet must contain a balance of protein, fat and carbohydrate with all the vitamins, and traces of various minerals (of which calcium and iron are the chief).

The following table gives the main foods in which these various constituents are found. Some foods such as milk contain practically everything in due proportion, and most foods (though not all) contain more than one constituent. Many more foods than those mentioned here also contain these constituents, but only those in which the particular factor is fairly rich have been mentioned.

Protein For body-building and for repairing waste tissue.	1. *Animal* (1st *class*) *protein* is found in milk, eggs, cheese, meat and fish. 2. *Vegetable* (2nd *class*) *protein* is found in nuts, lentils, beans, peas, soya flour, oatmeal, macaroni and wholemeal wheat flour.
Carbohydrate For energy.	White sugar is pure carbohydrate, and sago is pure carbohydrate with a small addition of water. Brown sugar is pure carbohydrate with a small addition of fibre. Other foods which contain a high percentage of carbohydrate either as sugar or starch are treacle, honey and jam, cereals, bread, flour, oatmeal, peas, beans, root vegetables and dried fruits.
Fat For warmth.	Lard, nut butter, olive oil and dripping are pure fats ; beef suet, butter and margarine are fats with some water and a very little protein.

Vitamins

A. Promotes resistance to infection.	Found in butter, margarine, milk, cheese, egg yolk, meat (particularly liver), wholemeal flour, carrots, tomatoes, prunes, dates and most green vegetables.
B_1. Stimulates appetite and nourishes the nervous system.	Found in liver kidney, milk, egg, wholemeal flour, oatmeal, soya flour, lentils, peas, beans, nuts, most green vegetables, and potatoes and Marmite.
C. Prevents scurvy and helps to maintain health of skin, gums and teeth.	Found in oranges, lemons, tomatoes, rose hip syrup, black-currants, green vegetables and watercress and freshly cooked potatoes.
D. Ensures proper absorption of calcium into blood and bone and is a safeguard against rickets and dental decay.	Plentiful in fish liver oils and found also in egg yolk, summer milk (full cream), cheese, liver, suet, butter and margarine, salmon (tinned or fresh), mackerel and sardines.

Minerals

Iron, for blood cell development.	To be found in egg yolk, lentils, liver, dried beans and peas, oatmeal, and wholemeal bread.
Calcium, for hardening bones and teeth.	To be found in cheese, turnip tops, egg yolk and milk.

FOOD NOTES

The information given on page 49 is for reference when required, but there is no need for any mother to worry unduly about whether she is providing exactly the right quantity or quality of food, since babies differ in their requirements, and foods (even the same kind of foods) vary in quality.

Quantity Rough estimates of the amount of food to be offered can be given, but baby's appetite is the best guide to his needs—always supposing the food is simple and he is not given " bits " between meals.

Balance A well-balanced diet is usually reckoned to be one composed of $\frac{1}{6}$ protein, $\frac{1}{6}$ fat and $\frac{4}{6}$ carbohydrate. As, however, there is no known method by which the average mother could estimate these quantities once baby is on a mixed diet, the most practical thing to do is to concentrate on those factors which tend to be scarce, and leave the rest to take care of themselves.

Carbohydrates and fats form the main part of any simple diet which includes bread and butter (or margarine), potatoes and porridge and breakfast cereals and milk, so there is little need to worry about them. But protein and the various vitamins and mineral salts are more likely to be missed, so every meal should include at least one of the *solid* foods mentioned on page 49 as containing protein, mineral salts and vitamins. (Milk has some first-class protein but, as even the richest milk is 88 per cent. water, the usual amount taken with a meal—about 5 ozs. of milk—provides only a very small supply of the necessary protein).

Vitamins

Sufficient protein usually means sufficient *vitamin B*, as this vitamin is found in meat, egg, cheese and milk. Sufficient butter and margarine will ensure a reasonable supply of *vitamins A and D*, while potatoes (if freshly cooked), fruit juice, freshly cooked vegetables and salads (particularly watercress) will look after the *vitamin C*. (Government issue of orange juice, black-currant purée and rose hip syrup should also be utilised to the utmost for all toddlers as well as infants).

Food ‘fads’

It is important to remember that some children have a genuine repugnance to certain foods and these idiosyncrasies should be accepted without comment, for no one food is *essential* to a child's health, since it can always be replaced by some other article of diet, and a little food which a child enjoys and eats willingly will do him far more good than a larger meal eaten with tears and complaints.

New tastes

The best way to introduce new foods, to which the child is likely to object, is to place a small amount on a plate and leave him to investigate it by himself, picking up pieces with his fingers and tasting. Food offered in this way is more likely to be accepted willingly than if thrust into the mouth in a spoon.

Eggs Until a child is one year old, eggs should be given very lightly boiled (2 minutes only) mixed with breadcrumbs, potato or cereal.

Cheese When first given, cheese should be very finely grated and mixed with potato or vegetable soups. After two years very thin slices of cheese can be given to eat with bread and butter.

Fish Flat white fish, such as plaice or sole, is the easiest for baby to digest. Coarse white fish and dried fish should not be given to the young baby.

Soup It must always be borne in mind that the nourishment in soup lies in the vegetable addition or the cereal or pulses used for thickening ; gravies, meat extract and bone broths have no nourishment at all but have some mineral salts and are a good stimulant when such is needed.

Milk puddings Milk puddings should be given with fruit when possible. Baked milk puddings tend to be more constipating than those, such as boiled custard, which are only cooked for a short time, or junket (which is not cooked at all).

Potatoes Potatoes are an excellent form of nourishment, particularly if boiled or baked in their skins. The skins themselves, however, should not be eaten. The hard texture of new potatoes makes their digestion difficult ; they should never be given to young children.

Root vegetables Carrots, turnips, parsnips, swedes, artichokes, cauliflower, cabbage and spinach can all be used with potatoes.

Bread Wholemeal bread will provide more vitamin B than white or brown bread, and brown bread will provide more roughage than white bread. It is, therefore, a good thing not to use white bread exclusively even when obtainable. Also *never* give new bread of any sort to a child.

Hard foods It is very important that the diet should always contain sufficient hard food for baby to chew. Rusks, baked crusts, raw carrots(which must be well scrubbed) and peeled apples are suitable. Very little food is usually obtained from these in baby's early toothless days but they are useful for the exercise they give to jaws and gums and to create a good flow of saliva. As soon as baby begins to teethe, hard-baked crusts or rusks should be given before every meal.

SOME RECIPES

Vegetable soup

Cut vegetables (carrots, turnips, etc.) into small pieces. Cook in sufficient water to cover them. Then rub through a sieve. Heat up in a saucepan with a cupful of milk, salt, and 1 teaspoonful of Farex or flour. Give with a baked crust.

Bone broth

Allow 1 lb. beef bones (well broken up), 1 teaspoonful vinegar and about 6 ozs. of calf's or ox liver to simmer for about four hours in a double saucepan. Add vegetables—finely cut carrot, turnip and green vegetables—and one potato. Simmer for one hour and strain.

Spinach purée

Wash spinach well. Steam for three to five minutes with 1 tablespoonful of water. Strain and rub through a sieve. Add 1 tablespoonful of Farex or bread-crumbs and milk and mix to a cream.

Carrot purée

Boil a carrot until it is tender. Rub through a wire sieve. Serve with white sauce.

Teething

FIRST TEETH

Baby's first set of teeth (20 in all) have been formed before birth and are concealed in the jaw, waiting to come through at the appropriate time.

The age at which each tooth will appear varies with different children. There is no cause for worry if baby starts teething rather later than is usual, if progress is otherwise satisfactory.

The order in which the first " milk " teeth *usually* appear is as follows :—

Description*	Position	Month
2 Central incisors	Lower jaw	6th–7th
4 Incisors	Upper jaw	8th–9th
2 Lateral incisors	Lower jaw	10th
4 Molars	2 each in lower and upper jaw	12th–14th
4 Canines (eye teeth)	2 each in lower and upper jaw	16th
4 Back molars	2 each in lower and upper jaw	24th

* See diagrams on page 55.

Teething troubles If a baby is really healthy, carefully kept to a quiet and orderly routine, properly fed, and has received sufficient vitamins and minerals, there should be no teething troubles at all except for, possibly, a restless night or two at the time when the tooth is actually piercing the gum.

Actually, any ailment that does arise is usually caused by neglect of those rules of health so necessary for baby's peace of mind and body. (See page 19).

The main point to bear in mind during the teething period is that, although it is a normal process, there *is* a slight extra strain on the constitution involved. Therefore, baby should be kept to his regular hours with an even more scrupulous care than usual.

PERMANENT TEETH

Although the permanent teeth do not usually start coming through till the seventh year, the order of their arrival is given here for the sake of convenience :

4 first molars at the 6th–7th year.

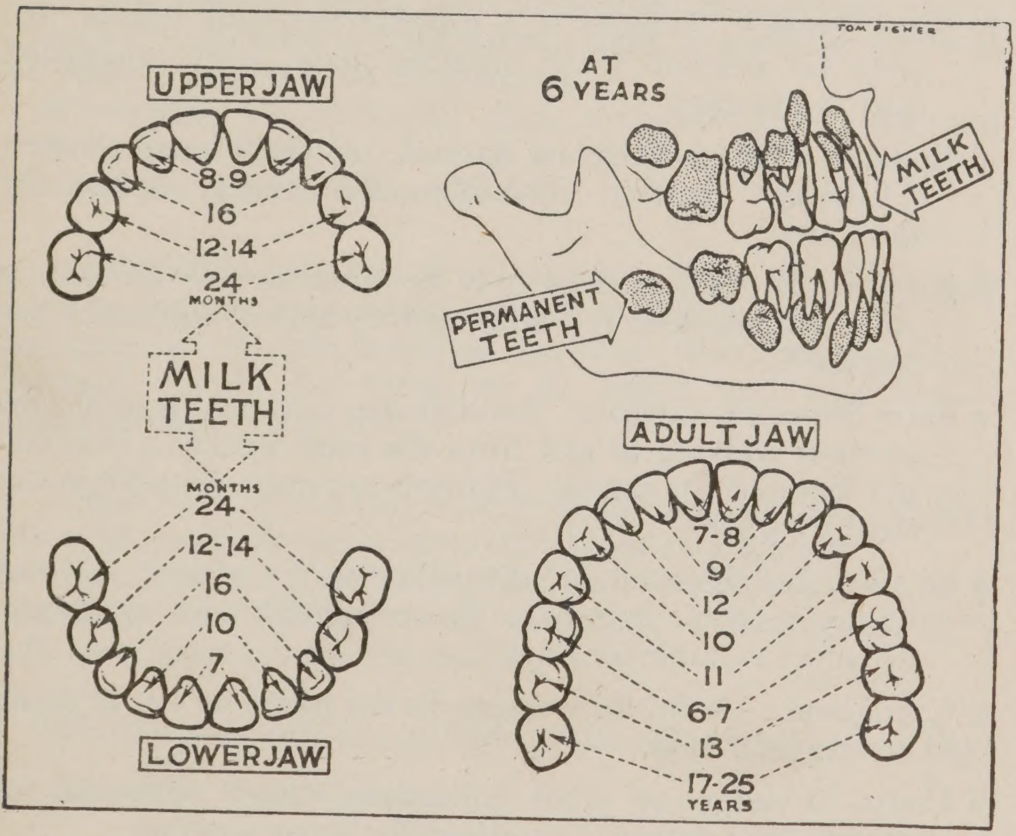
4 central incisors at the 7th–8th year.

4 lateral incisors at the 9th year.

4 first bicuspids at the 10th year.

4 second bicuspids at the 11th year.
4 canine or eye teeth at the 12th year.
4 second molars at the 13th year.
Wisdom teeth (the third molars) at the 17th–25th year.

Regular visits to the dentist or dental clinic from about three years old are very advisable. This has the double advantage of accustoming the child to the procedure and ensuring that no possible decay or malformation will pass unnoticed.


TOM FISHER
UPPER JAW
8-9
16
12-14
24
MONTHS
MILK TEETH
MONTHS
24
12-14
16
10
7
LOWER JAW
AT 6 YEARS
MILK TEETH
PERMANENT TEETH
ADULT JAW
7-8
9
12
10
11
6-7
13
17-25
YEARS

Food and good teeth

It is now universally recognised that the structure of a child's teeth depends, among other things, on the amount of calcium and vitamin D which he takes in his food, from the very earliest age until all his second teeth are through. The part played by vitamin C is also thought to be considerable. It is most essential, therefore, that the mother—before the birth of her child—should receive a correct diet. In this connection, you are strongly urged to give special attention to all those pages in this book concerned with diet, and also pages 8 to 13.

Clothes for 1 year onwards

SUGGESTED OUTFIT

3 Vests (short sleeved). Hand knitted or woven. Wool or silk and wool. These should reach to the knees, and should always be loose, particularly round the armholes.

6 pairs Pants.* Wincey is a suitable material (pants will only be needed when napkins have been discarded during the day).

3 Bodices. Hand-made in flannel, or ready-made woven "Liberty" bodice. (Woollen for winter, cotton for summer).

6 pairs Socks. These need only be worn during the winter and need constant renewing as they shrink and make the feet cold.

2 pairs Shoes or Sandals. Sandals are not very suitable for outdoor walking as grit from the road works in between the foot and the sandal. Plimsols are quite suitable in the right weather.

3 or 4 Frocks. Knitted or "Dayella" in the winter. Cotton or rayon in the summer. Knee-length tunics or smocks are more suitable for boys.

2 Cardigans. Useful for wearing in the house or out of doors on windless days.

2 Coats. 1 serge or wool gabardine, lined with silk or cotton (for winter). 1 unlined for warm weather.

Leggings. As soon as the child begins to walk out of doors (even for a short time) in cold windy weather, he will need leggings. Hand-knitted gaiter leggings which pull up round the waist are quite satisfactory.

Gloves and Hats. These may be needed in very cold weather.

Sun Bonnets. Baby should wear some form of head covering such as a sun bonnet if exposed to very strong sun.

* Four pairs are sufficient when baby is reasonably dry during the day.

Baby's equipment

Push chair

When baby gets older a folding push-chair has its advantages. It is light to push, and it can be taken easily on 'buses when going rather far afield.

The disadvantages must be carefully guarded against. They are: bad springing (and consequent shaking over rough ground); exposure to cold winds; lack of room for baby to lie down if he gets tired of sitting up.

If you have a hood for the chair, a cushion for the seat and a thick flannel bag to come up round the child's waist, these should reduce the likelihood of chill.

Play-pen

A collapsible play-pen is an excellent thing to have as soon as baby is old enough to roll about by himself. A thin mattress (covered with mackintosh or jaconet) should be made to fit inside and a washable underblanket tied over it.

Chairs

A high chair with a tray is very useful. A commode chair (if used) should be kept strictly for sanitary use so that baby may gradually learn to understand why he is sat on it. A "Buffer" chair and small table at which baby can have his meals are also useful.

Toys

The following toys are suitable at the ages given:—

6 months.	A light rattle.
9 „	Wooden beads on string; a woollen ball.
1 year.	Hollow building beakers.
18 months.	Drum and drum sticks; building blocks.
2 years.	Coloured picture books; Teddy bear or doll.
2½ years.	Buttons and button-holes on frame; horses or wooden train on wheels.
3 „	Chalks and drawing book; bat and ball.

Travelling

INFANTS

For long journeys it is a great help to have a basket in which baby can sleep—extra napkins for the journey can be placed under the mattress.

Food If baby is bottle-fed, make up his feed in the usual way and put into a vacuum flask. If more than one feed is required it is advisable to make up the feeds separately (the fat in the milk tends to rise and the fat content might therefore vary from one feed to another if only one vacuum flask is used for several feeds). Keep strictly to baby's regular feeding times.

Napkins A mackintosh bag (such as is used for bathing gear) is useful for holding wet napkins.

TODDLERS

Meals Children should have their usual meals as far as possible at the usual hours during long journeys. Sandwiches with hard-boiled egg inside are indigestible and unsuitable. A fish pie made in a casserole can be given cold and followed by fruit or lettuce and biscuit and a drink of water.

Travel sickness Train or car sickness can be mitigated if you take the following precautions :—

(1) For twenty-four hours before starting, reduce the fat content of the meals (butter, cream, etc.) and give a dessert-spoonful of glucose in water or orange juice every four hours during the day.

(2) Give a good meal (if possible with no fat at all) before setting out..

(3) If motoring, let the child sit in the front seat of the car as the jolting is worse at the back.

Sleep If there is room the usual day sleep can be taken on the seat of the car or railway carriage.

Toys Books, pencils or chalks, and blocks of paper, are the most useful form of amusement.

A pair of reins will be useful when a little exercise is taken up and down the train corridor.

Rules of health in infancy

Regular visits to the Child Welfare Clinic or to the family doctor.

Immunization against diphtheria, whooping cough and smallpox between 3 months and 1 year.

Plenty of fresh air. If baby is strong and healthy he may be taken out-of-doors every day from the third day onwards.

Plenty of sleep—but not with mother ; baby should sleep in a cot at her bedside.

Plenty of exercise. At about the third month special exercises can begin, following the daily bath.

Good habits—the reward of good training. From the third day onwards baby may be held out on waking and before each feed. Baby should *not* be held out too frequently or for too long.

Infant ailments

Generally speaking, little ailments do not require medical attention. But it must always be borne in mind that many illnesses of a serious nature start with vomiting, diarrhoea, feverishness or colic.

Where the services of a trained Health Visitor are available, she will be able to give good advice either as to treatment or the necessity for medical attention.

CRYING

Broadly speaking, an infant cries because he is angry or uncomfortable or in pain.

Anger

He may scream with anger if he is frightened by a sudden loud noise, or if you lay him down when he would rather stay in your arms, or if you take him out of his bath when he wants to stay in. His screams are his only means of notifying his objections and no notice need be taken beyond a general soothing intimation that everything will soon be all right.

Always try, however, to avoid " scenes " as far as possible. Put baby to sleep where he is not likely to be wakened by loud noises. Distract his attention when removing him from his bath. Don't snatch toys away from him suddenly. But don't give in to his anger ; once baby discovers he can get his own way by crying, he will cry whenever he is crossed, and you will never have any peace or authority.

Discomfort The cry of discomfort is a different matter. Sympathy and experience can teach a mother to distinguish it. Here are a few reasons which may account for it—wind (see page 64) ; overheating (page 65) ; sore buttocks (page 63) ; a prick from an unfastened safety-pin or a burn from a carelessly placed hot-water bottle ; hunger (page 31) ; thirst (page 28) ; a rising temperature announcing the onset of illness (page 62). Of all these causes wind, hunger, pain, cold and wet or soiled napkins are the most common and should be investigated first.

CONSTIPATION

Constipation (*i.e.*, hard bulky motions which are difficult to pass) is almost always due to faulty diet and lack of exercise or to constipation in the mother if baby is breast-fed. It is not cured by aperients or laxatives.

With breast-fed babies, small infrequent motions may be due to underfeeding, and large bulky motions to overfeeding—both come under the heading of constipation. If the motions are of a good colour and consistency (like made mustard) and of reasonable amount, the fact that they are only passed every few days does not indicate constipation—though daily motions are preferable. With bottle-fed babies, daily motions are more important and can usually be promoted by modification of the diet.

Prevention If baby is bottle-fed : Measure feeds very carefully, giving sufficient water and neither too much nor too little milk powder.

Whether baby is breast- or bottle-fed : Allow plenty of kicking exercise as this strengthens the abdominal muscles.

Treatment

For bottle-fed babies modify the diet by, (1) Adding a little water (about 1 oz.) to the feed after you have made it up to the right proportions.

(2) Adding a teaspoonful of sugar or dextro-maltose to the 10 p.m. and 6 a.m. feeds.

For breast-fed babies (1) If baby is being *under*-fed endeavour to increase your supply of milk (see page 27). If you cannot, then a complementary bottle feed may have to be tried.

(2) If *over*-feeding is the cause, give a teaspoonful or two of water before feed and reduce the time at the breast.

(3) Abdominal massage will help to counteract sluggish bowel action.

Do not give aperients or laxatives unless specially advised by the doctor. Never give castor-oil.

Take a dose of senna or liquorice yourself; and, between feeds, give baby boiled water either plain or with fresh fruit juice or prune juice.

DIARRHOEA

This may be due to incorrect feeding or to the use of an unclean bottle, teat, valve or dummy. Diarrhoea accompanied by vomiting can be very serious in infants and the doctor should be called at once.

If the diarrhoea is excessive (a motion every two or three hours), offensive in smell, and very green and watery, and if baby begins to look " parched " and ill, stop all food except water, of which you should give frequent sips, letting baby have as much as he will take, and send at once for the doctor. This type of diarrhoea is called " Summer Diarrhoea." It is dangerous and very infectious (see page 93). Small, frequent motions which do not appear to upset baby at all are relatively harmless.

Avoid infection from adults and other babies.

Keep bottles, teats and valves clean. Do not give baby a " dummy " to suck.

Prevention

Dress baby in warm light clothing. Avoid wet napkins when baby lies kicking out-of-doors.

Give correct diet.

Treatment For mild cases:

Stop giving fruit juice for a day or two; and, if you are adding sugar to baby's feeds, reduce the amounts for a day or two.

Take extra care to keep the abdominal region warm and well covered.

CONVULSIONS

Symptoms are: Loss of colour, twitching of the muscles of face, eyes and fingers. The body becomes rigid and the hands clenched.

Treatment Send for the doctor. Loosen all clothing. Keep baby quiet on your lap while gently bathing the head with cold water.

Convulsions do not as a rule last for a long time, though they may recur rapidly. Discuss with your doctor the probable cause and the best way to prevent this recurrence.

VOMITING

There are various kinds of vomiting to which infants are subject.

Gentle "overflowing" after a good meal—no notice need be taken of this.

Sour smelling sickness, occurring some time after a meal, indicates that something is wrong with the food. It is either too rich, or is not fresh, or (with breast-fed babies) may indicate that you were upset when you were feeding baby. Be very careful about the freshness of the milk. Dilute by adding more water. Be very calm and placid when feeding.

Projectile sickness occurs when there is an obstruction in the digestive tract. The milk will be pumped up like a fountain. Baby will look—and be—very ill. Send for a doctor or take baby straight to hospital—whichever is quicker.

FEVERISHNESS

High temperature in an infant should always be regarded as an indication that all is not well. It may be due to an attack of indigestion, an awkward tooth, or a cold in the head, or the onset of illness.

Great care should be exercised to keep the infant in a warm, even temperature until the doctor arrives. Keep a very careful look-out for the probable *cause* of the feverishness and give plenty of water to drink.

THRUSH

This is a formation of small white spots on the tongue and walls of the mouth.

Prevention

(1) Do not wash inside baby's mouth as a routine. Nature has made provision for keeping this clean. (2) Be very careful that nipples, bottle teats, or other things that may go into baby's mouth, are scrupulously clean.

Treatment

If, in spite of the above precautions, a baby should develop thrush, gently dab borax and glycerine (not honey) on to the affected parts with a piece of cotton-wool. *Be very careful not to rub the places.* Thrush is very infectious, so baby should be kept from other children until his mouth is clear again.

SORE BUTTOCKS

Soreness of the buttocks can arise from external causes (such as using napkins washed in water in which soda has been added), but is far more likely to be due to internal causes such as wrong feeding, in which case your doctor should be consulted. In both cases the urine may have a strong " ammonia " smell.

Prevention

(1) Make up the feeds very accurately.

(2) Always change a napkin as soon as it is found to be wet.

(3) Always avoid soda and strong soaps when washing napkins, and always rinse in three separate waters after soaping.

(4) Sponge baby's buttocks every time you change him.

Treatment

Free application of ointment (zinc or zinc and castor oil). Cover a very soft piece of white rag with the ointment and place between the buttocks to prevent them from rubbing. Wash with oil, not with water or soap.

Stop all sugar for a day or two. If dried milk is being used, slightly reduce the amount of milk powder in each feed. Give a teaspoonful of liquid magnesia before one or two feeds for a day or so.

BED-WETTING

This may be due simply to bad habit or to some irritation such as highly acid urine or thread worms. It may also be caused by nervous strain (the result, perhaps of a change of bed or room) ; by a chill, or following an illness.

Fluids should be restricted to the early part of the day and only dry foods given after 5 p.m. The child should be lifted at 10.30 p.m. and again early in the morning.

A child should not be punished for bed-wetting because the fear of punishment may make the condition worse. Do not show that you are worried or tense, and try to foster the belief that this failing is only temporary.

If the condition persists, consult your doctor. (See page 85).

COLIC

This is another name for an acute pain in the stomach. It usually occurs soon after food and may be due to wind or to a chill. The stomach will be hard to the touch and baby will draw up his legs and scream in an enraged manner.

Treatment Immediate treatment should take the form of a drink of warm water with a pinch of bicarbonate of soda (or a 5-grain tablet dissolved in a dessertspoonful of water), a hot flannel round the body, and gentle massage.

If the colic is accompanied by violent diarrhoea, a doctor should be consulted immediately.

RUPTURE

If baby develops a loose swelling in the groin, consult a doctor. He will be able to tell you if it is a rupture and, if so, how to treat it. There is no need to worry unduly, as some ruptures, if given proper attention early enough, can be treated without an operation.

Caution Should a child who is suffering from rupture have a sudden attack of pain, vomiting, and constipation, take him quickly to hospital. Delay is dangerous.

FLATULENCE (' WIND ')

Probable causes are : (1) Gulping milk too quickly.
(2) Sucking from an empty breast.
(3) Crying before a feed.

Prevention and treatment

(1) Feed slowly—removing the nipple or bottle teat from time to time and encouraging the wind to come up during, as well as after, the meal.

(2) If the breast is flabby and empty when you begin to feed, only let baby suck for a few minutes before giving a supplementary feed (see page 31).

(3) When breast-feeding, control the flow of milk by keeping the hand over the breast and placing the first and second finger on either side of the nipple.

(4) Feed baby in a quiet room, and don't leave him to cry by himself while he is waiting for his feed.

(5) After feed is finished hold baby up against your shoulder and gently rub his back.

SKIN ERUPTIONS

Heat

Over-clothing can cause sweat rash, which consists of minute water-filled pimples. Calamine zinc lotion should be dabbed on the spots, and the clothing rearranged to allow for better ventilation.

Cold

A sharp east wind will sometimes roughen baby's skin and cause a certain amount of soreness. The application of a little olive oil before going out of doors in cold, windy weather usually prevents a " cold " rash.

Moisture

In the creases of baby's neck, and behind his ears, moisture dribbled from the mouth will cause occasional soreness. Careful greasing of these parts both night and morning should act as a preventive.

RICKETS

The disease known as rickets can be either acute (in which case the legs become bowed, the head enlarged and the abdomen swollen) ; or mild, when none of the foregoing symptoms will be very noticeable, but there will be irritability and sleeplessness and possibly head-sweating at night, and a general lack of well-being. Acute rickets is very rare nowadays in this country. Mild rickets, however, is still fairly common and, if not treated, the result may be seen later on in early dental decay and poor resistance to infection.

Cause Lack of calcium or vitamin D (or both) causes rickets. Vitamin D is a chemical substance found in the fatty part of the body. It enables the calcium in the food to permeate into the blood stream, so that it can be utilised in hardening the bones. Too little vitamin D means that insufficient calcium is passed into the blood. Too little calcium means that, even if sufficient vitamin D is present, the blood stream is still insufficiently supplied with calcium. In either case the bones do not obtain sufficient hardening material and the child develops rickets.

Prevention Milk (20–30 oz. a day) should provide sufficient calcium. The vitamin D can be given in any of the following ways.

(1) By giving baby a milk food to which pure crystalline vitamin D is already added—for example, Ostermilk.

(2) By giving cod-liver oil or cod-liver oil emulsion (both very rich sources of vitamin D), or drop doses of a vitamin D or vitamins A and D concentrate.

(3) By irradiation of the child's skin under direct sun rays or an ultra-violet lamp. (The effect of the ultra-violet light on the skin is to produce vitamin D in the body).

Treatment If rickets has actually developed, extra calcium and extra vitamin D will probably both be needed. The exact quantities will be decided by the doctor.

CIRCUMCISION

The removal of the loose skin (foreskin) at the end of the penis of boy babies is called circumcision. It is customary for this operation to be performed while the infant is under an anaesthetic, but the operation itself is simple and brief.

SAFE FROM DIPHTHERIA

We cannot emphasise too strongly the importance of immunisation against that deadly disease, diphtheria. Do not neglect this : your child's life may depend on it. Injections can be given free at any Immunisation Clinic. Full information is obtainable either from your Town Hall or from the Health Visitor. Have this done before baby is a year old. (See page 92—also the note on Whooping Cough, page 93.)

CARE OF CRIPPLED AND INVALID CHILDREN

The Invalid Children's Aid Association is a voluntary organisation which helps children suffering from some permanent disability (such as lameness, weak heart, etc.), and wanting special care. The address is 4, Palace Gate, London, W.8.

Section Three

THE TODDLER

The day's routine

6 to 7 a.m.	Wake. Drink of water (with any fruit juice available).
7.30 a.m.	Wash and dress.
8 a.m.	Breakfast.
8.30 a.m.	Daily motion.
8.45 to 10 a.m.	Play in play-pen or garden.
10 to 12 noon	Sleep outside when possible.
12 noon	Dinner. (If the family dinner-time is usually 1 p.m., 4 oz. milk should be given at 10 a.m.)
1 to 2 p.m.	Play in play-pen or garden.
2 to 4 p.m.	Out in pram. (Should sleep during this airing as long as possible.)
4 p.m.	Tea. Then play.
5.30 p.m.	Bath.
6 p.m.	Drink of milk. To bed.

Feeding

Learning to feed alone Before baby is a year old he should begin to learn to hold his own mug while he is drinking. The management of the spoon will follow later.

Baby should be given opportunities to eat small pieces of dry food, such as cooked cauliflower head and small squares of buttered toast with his fingers, so as to make his own experiments in new taste.

Meals are better taken before the family sit down to theirs until baby is two years old. He can sit at his own low table or in his high chair and have his meals at the same time as the family when he has learnt to eat properly.

GENERAL PRINCIPLES OF DIETARY

The best way to ensure a well-balanced diet for a child is to give as wide a variety of food as possible. Certain foods, such as meat, cheese, and acid fruits, however, should only be given occasionally.

Milk

Until the child is two years of age all wet milk should be boiled.

It is impossible to over-estimate the importance of milk when considering the diet of the toddler. The only milk that many a young child gets is in an occasional milk pudding. Apart from the fact that tea is not good for young children, this disregard for one of the most important of foods can only be called bad management. 1 pint of milk a day should be drunk right through childhood.

The two principal reasons why milk plays such an important part in the general diet are, first, because it supplies first-class protein in an easily digestible form (and first-class protein is essential for proper growth and development); secondly, because milk is one of the few good sources of calcium (and calcium is essential for bone and teeth formation). Many children, moreover, take milk with their meals more easily if it is warmed or diluted by the addition of a dash of boiling water.

Milk-faddiness

Sometimes a child quite definitely cannot take much milk. If you suspect that the trouble is merely milk-faddiness and not an inability to take milk, it is better to disguise the milk in puddings, soups, or with cereals. If, however, it is a genuine milk intolerance you should consult your doctor.

Water

Plenty of water, either with or without fruit juice, should be given to drink.

Meat

Meat is an important food for a child, and can be introduced at any time after twelve months if chopped up very fine and given in small quantities not too frequently (once a week at first and never more than three or four times a week for the first few years).

Cheese Cheese is an excellent source of protein but should not be given until the child is one year old, and then only once or twice a week in very fine flakes on toasted bread or grated over vegetables or thick soup. Only mild Cheddar should be given in this way. A cream or milk cheese can be given on bread or toast.

Cereals Cereals form the bulk of the diet and should, therefore, be chosen carefully.

Whole rice and tapioca are not suitable for children under two years.

Fruit and vegetables When fruit is unobtainable, either fresh or tinned, extra care should be taken to give fresh vegetables and dried fruits such as dates and sultanas.

Avoid these foods The items indicated in the adjoining panel are likely to upset the digestion of a young child, and should not be given during the first two years at least.

Pork, Veal, Sausages, Salt Meat, New Potatoes, Plums, New Bread, Haddock, Bloaters, Kippers, Tea, Coffee.

THE VITAMINS

Vitamins are chemical substances found in all natural foods. They are usually present in such small quantities that (unless specially treated) their presence is not even visible under a microscope. There are many different vitamins, each one performing its own special function in the body.

Vitamin A In the nasal passages, the throat, the lungs, the intestines, and all those regions through which the germs of colds, influenza, pneumonia, and other infections strive to gain an entrance, nature has placed a series of highly efficient fortifications—the mucous membranes—which form our first line of defence against disease-producing germs. The function of vitamin A is to keep these mucous membranes moist and healthy. If the diet is low in vitamin A the protective membranes tend to harden and no longer act as a really efficient barrier to infection. But if these natural defences of the body are working well, then the infection can either be avoided or at least thrown off before it has had time to do any harm.

Parents who say rather helplessly, " My child has always got a cold ", and are always trying to keep their child away from other children, " for fear of infection ", should remember that what they could more wisely do is to strengthen the defences. Butter, vitaminised margarine, carrots and liver are the best natural sources. A daily dose of a good vitamins A and D concentration provides the amounts needed, in a tasteless form.

Vitamin B

Extreme deficiency of the group of vitamins loosely labelled " B ", causing such diseases as beri-beri and pellagra, is fortunately rare in the British Isles. But milder manifestations are often seen in children. They do not become definitely ill, but their appetites are poor, they are nervous and irritable, and prone to constipation. There are many good ways of providing vitamin B, in the normal diet (see page 50).

Vitamin C

It is very important to supply children with enough vitamin C because the body keeps no store of it. Very severe deficiency of the vitamin can result in scurvy, which is characterised by tenderness and pain in the legs, disinclination to move, crying when handled and fretfulness. Orange juice, blackcurrant juice, tomato juice and green vegetables are all good sources of the vitamin, but when these are scarce it is advisable to give vitamin C tablets.

Vitamin D

In the words of the Medical Research Council's report : " A deficient intake of vitamin D may be the most important dietetic defect at present known." This vitamin is explained more fully on pages 65 and 66, where rickets is discussed.

Other vitamins

Several other vitamins have been identified and labelled, but only the first four—vitamins A, B, C and D—need be considered in planning a child's diet. Vitamin E, of interest to expectant mothers, is discussed on page 10.

Suggested meals

Individuality It cannot be too strongly stated that each child is an individual with his own personal tastes and requirements—in food as in other things. The following diets are given only as *suggestions* and are capable of infinite variation within the main outline here and bearing in mind the general principles laid down on pages 49 to 52, and pages 69 and 70.

SPECIMEN MENU FOR 1 to 2 YEARS

On Waking	A drink of water (with fruit juice if obtainable). Rusk or small biscuit *if* wanted.
Breakfast (8 to 9 a.m.)	2–3 dessertspoonfuls Farex, or other cereal with sugar and a little milk. Fresh fruit, or egg, or bacon, or sardine. Piece of toast with dripping or butter or margarine and jam (seedless), or honey. Milk—8 oz.—including the amount poured over the cereal.
Dinner (12 to 1 p.m.)	*1st course.* 1–2 dessertspoonfuls finely minced roast or stewed beef or mutton. Red gravy if available ; *or* 1–2 dessertspoonfuls of white fish steamed or boiled in a little milk ; *or* 1 lightly boiled egg ; *or* 1–2 dessertspoonfuls stewed rabbit or tripe well cut up. Gravy *with* a little boiled potato and green vegetable or carrot or turnip (*not* onions). *2nd course.* 1 tablespoonful stewed fruit with 2–3 tablespoonfuls milk jelly or junket or custard, or (occasional) baked milk pudding ; *or*

2 tablespoonfuls light steamed batter or suet pudding, with sugar or treacle and a dab of butter or margarine.
Drink of water.

Tea
(4 to 4.30 p.m.)

Bread or toast and butter or margarine with, say, honey, a little grated chocolate, or meat or vegetable extract and
Fruit jelly ;

or

Plain biscuit, sponge or soft cake or bun.
Milk, with a dash of boiling water, to drink.

Before Bed

Milk, 6 oz., and Digestive biscuit.

SPECIMEN MENU FOR 2 to 5 YEARS

On Waking

Drink of fruit juice in water. (Black-currant, orange or rose hip syrup).

Breakfast

Farex or fine oatmeal or groats with milk and a little sugar ;

and

Stewed apple *or* prunes *or* figs *or* slice of bacon *or* 2 sardines, *or* egg.
Bread and butter or margarine. A cup of milk (diluted with 1 oz. boiling water).

Dinner

1st course. Small helping of stewed or roast meat (liver, calf's head, tripe, beef or lamb), *or* steamed white fish *or* pilchard ;

with

Freshly boiled potato and vegetables ;

or

Lentil soup or thick pea soup with a little grated cheese and potatoes and vegetables.
2nd course. Stewed apple (or any other fresh or tinned fruit available) and milk pudding or junket or steamed or batter pudding. Water to drink.

Tea	Bread and butter or margarine and jam or honey or a few seedless raisins or green salad, or cream cheese. One sponge cake or biscuit and a cup of milk (diluted with 1 oz. of boiling water).
Supper	If the tea meal is given at or after 5 p.m. no supper should be required. If it is given before 5 p.m. a little milk or milk and cereal should be offered and a piece of sweet raw apple (peeled).

Sleep

WHERE TO SLEEP

Day sleep It is sometimes better for a child to have his morning sleep in a dim, quiet room indoors (with the windows wide open, of course), rather than let him feel uncomfortable and cramped trying to sleep out of doors in his pram. It may be possible to arrange a stretcher bed in the garden for the day sleep but great care should be taken to see that there are enough blankets *underneath* the child as well as *over* him, or he will get chilled.

Night sleep A child should not sleep in the same room as his parents after he is a year old. He should, however, be within easy call, so that he can be heard at once if he wakens in the night. *A baby should never be left, day or night, where he cannot be heard quickly by some responsible person.*

HOURS OF SLEEP

A baby ought to keep up his twelve-hours night sleep until he is at least five years old. An hour and a half in the morning and a nap in the afternoon can often be maintained for the first two years. A short morning sleep should be continued till three years old, and a daily rest on the bed with toys until five years old. If a child cannot or will not sleep, he should have something to play with on the bed ; he should not be left to lie awake with no occupation.

SLEEPLESSNESS

The more common causes for sleeplessness in toddlers are :

(1) Indigestion.
(2) Too much excitement (particularly just before bedtime).
(3) Cold feet.
(4) Fear of the dark.

Indigestion

Indigestion is more likely to wake baby up during the night than to prevent him from going to sleep in the first place. But it may do both. Be very careful about the diet and be sure that nothing difficult to digest is given later than the midday meal.

Too much excitement

The more lively and intelligent a child is, the more his parents are tempted to talk to him, teach him nursery rhymes, and generally excite his brain. It is very natural and, within limits, does no harm. But parents—particularly fathers—should remember that after 5 o'clock even ten minutes' hilarious excitement may mean an hour's lost sleep, and sleeplessness is a habit which children cultivate with disastrous ease.

Cold feet

Always feel a child's feet if he is wakeful. If they are cold, give them a good rub and perhaps even provide a hot-water bottle as a special help. Try to see that he does not go to bed with cold feet another night. When the child is old enough to run and jump, it is a good thing to see that he warms himself up with skipping and jumping (though not excitedly !) before he goes to bed.

Fear of the dark

However careful parents may be to avoid frightening a child with gruesome stories of witches, ghosts, or bad fairies, a fear of the dark may still arise. This (particularly if he is ashamed to say anything about it) may be a real cause of sleeplessness and consequent irritability the next day. When you are certain that the child is afraid, do not have any hesitation in leaving him with a night-light—and never make a fuss about it. Above all, don't call the child a coward or a "baby." Try (as casually as possible) to get at the cause of the fear and explain it away. Fear of the dark is a deeply rooted instinct and, in the long run, can only be conquered by the child himself.

Any impatience on your part or any misguided attempt to laugh away the nervousness will do far more harm than good.

Sleeping bag For the child who habitually kicks off his bedclothes, a piece of blanket can be made into a sleeping bag and fastened over his shoulders.

Lying awake Very few children fall straight off to sleep the moment they go to bed, so it is a good thing for them to take some soft, woolly animal or doll to bed with them. This occupies their hands, which are thus kept out of bed. Biting finger-nails, nose picking, and even masturbation (playing with the external genitals), are often the result of wakeful hours spent alone in the bedroom with nothing to employ the hands. Never scold a child for doing any of these things, but try to provide him with more pleasant ways of spending his time.

Thumb-sucking Never try to stop thumb-sucking by direct methods, but do your very best to find out why baby is indulging in this habit. Jealousy, fear, pain or a feeling of unhappiness or insecurity are all likely causes and, when removed, the need for consolation bv thumb-sucking will disappear.

In small babies, thumb-sucking generally indicates no more than a little hunger or perhaps a swollen gum, and will stop when hunger is satisfied or the tooth is through.

To adopt, at any age, drastic measures such as splinting the arms or bandaging the thumbs will only increase the nervous tension. At most you should wait till the child is asleep and then gently draw the thumb away and cover the hand with the bedclothes.

Physical and mental progress

So much literature has been published during the last 30 years on how to bring up a baby and how to calculate his needs on a scientific basis that mothers tend to look at the book instead of at the baby, and as a result they often make mistakes which a little common sense, observation and sympathetic consideration would help them to avoid.

Keep your attention quietly and unobtrusively on the child ; if he seems unhappy look for the cause—don't just say : " I'm doing everything according to the book so he *must* be all right ". If he seems happy and *looks* healthy take it for granted that he probably is so, and don't worry because he is eating or sleeping less than the book says he should.

Learning to walk

The normal rate of progress is shown on pages xiii to xv. Give baby plenty of opportunity to pull himself up in his play-pen or cot, and to teach himself to walk from chair to chair.

When baby is walking well indoors let him occasionally walk for the last few minutes of his daily outing. If you begin the walk with baby out of the pram he will probably make a fuss when you put him back. A pair of reins is very useful for keeping him safe when first toddling.

Learning to talk

Children vary by many months in their ability to talk. The following are the *average* ages for each stage. There is no need to feel worried if your child is slower than average.

12 months.	Can say a few single-syllable words and understand more.
18 months.	Can put two or three words together, such as " Mummy come ", " Baby go walk ".
2 years.	Can say simple sentences.
3 years.	Can remember and repeat simple messages (but cannot usually remember them for more than a few minutes).

Teach a child by talking simply and sensibly to him. And don't let him hear what you don't want him to copy, as at this age he is far too young to understand that he may say some words but not others.

Learning clean habits

To endeavour to " train " an infant in clean habits from birth is generally unwise (see page 22), but a start has to be made some time. Between ten and eleven months is a suitable age to begin, provided the child can by this time sit firmly on his chamber on the floor without falling over.

Children as a rule prefer to pass a motion when left quietly by themselves. So when you decide to begin training place the chamber (or commode chair) in a quiet corner immediately after breakfast, give the child a doll or teddy bear and leave him alone. It is important to train the child to pass the motion at approximately the same time each day. After breakfast is the most suitable time, but if he always soils his napkin on awakening, after dinner, or after his morning bath then sit him down at that time instead. Don't leave him more than 15 minutes, whether he has passed the motion or not. If he tends to get up and walk away after you have sat him down it will be necessary either to get a commode chair into which you can strap him, or to place the chamber on a wooden arm chair through the back of which you can pass a safety belt. The point to bear in mind is that he should be safe, and left alone.

It will probably be some weeks before he grasps what is wanted ; he may continue to soil his napkin just after you have taken him up. Try not to show impatience, but change him and then show him how to put the soiled napkin in the chamber and carry it to the lavatory. The connection between the three will be grasped eventually.

Training a toddler to be dry takes longer, but much the same method should be followed. Try to estimate when the child needs to pass water, then show him where the chamber is kept. Let him carry it to his own corner and then set him down and leave him for 5 to 10 minutes. The regular times should be—on waking, before the morning bath, after meals, before a walk, and at bedtime. A child should begin to ask for his chamber when he is about 18 months : by 2 years he may only have occasional accidents during the day, and by 3 years he should be quite dry. Many children take longer than this to become reliable but they are usually those whose mothers have lost patience and have attempted to do by smacking and scolding what can best be accomplished with patience.

Obedience A certain amount of ready obedience to authority is necessary for all children. It protects them from dangers that they cannot understand. It accustoms them to a law-abiding existence, which will help to keep them out of trouble in later life. It makes it possible for them to fit into the household life.

It is very doubtful, however, if obedience *in itself* is a virtue, for a child obeys a command for one of three reasons : because (*a*) he thinks it is a good idea anyway ; (*b*) he wants to please the person who has given the command ; or (*c*) he is afraid of the consequences if he doesn't.

The first reason can scarcely be called obedience at all, and the last reason is a very dangerous one to press because fear is an emotion which all parents want to keep *out* of a child's life as far as possible. Affection is the motive most commonly used nowadays. " Do this because Mummy wants you to " can be safely used in moderation, but even this should not be carried too far. Use the word " don't " as little as possible. For instance, instead of saying " Don't spill food on your feeder," say, " Try to keep your feeder *quite* clean to-day."

Serenity

One of the most important virtues for a mother to cultivate is serenity. It will enable her to give her infant that feeling of security without which he cannot sleep peacefully or digest his feeds happily. A calm, serene attitude of mind, moreover, is a great help in training the child as he grows older. For though it is often a great relief to the mother's feelings to speak sharply, or to slap or shake a mischievous youngster, yet it not only does no good to the child but it often makes him inclined to shout back and be rude and defiant.

Where a mother can school herself to perfect self-control she will rarely have a defiant child, for children are far more inclined to copy their parents than to listen to them.

A young child has very little natural self-restraint and he tends to kick and shout and scream when angry, but it is a great mistake to shout back at him. If you are at home, put him into his cot (leaving the bedroom door open) until he has recovered himself ; if you are out of doors put him into his push chair and take no further notice.

Occasions for outbreak of temper should be avoided as far as possible. Think well before you refuse a request ; so often one says " no " when the child merely wants to do something rather inconvenient or unconventional. Keep " no " for the things that really matter.

Self-reliance However pleasant it may be to feel that your child depends on you for everything, it is important for him to learn to manage his own daily routine as soon as possible. Encourage this in the following way :

(1) Let the drinking cup be small and light, and put in only a little milk at one time.

(2) Don't give all his meal from a spoon. Let him eat some of the drier portion with his fingers.

(3) Let him feed himself with his spoon even though he makes a mess.

(4) Give him a low chair and table so that he can sit down and get up without assistance.

(5) Allow plenty of time for dressing and undressing, and give him clothes that fasten, as far as possible, in front.

(6) When he tries to do something for himself, don't tell him not to, but show him how.

Fear Frightening a child is the worst possible way of teaching him to be brave, besides laying up a lot of trouble for yourself in the future. For instance, a mother who threatens to " send for a policeman " not only adds an unnecessary fear to her child's life but is apt to make him regard policemen as enemies : if ever he gets lost (and the best cared-for children do get lost occasionally), he will hide from any policeman he sees and it may be hours before he is finally found and taken into safe custody.

Never laugh at a child's natural fears or call him " baby " when he doesn't like the sea waves or the motion of a rocking horse. Show him quietly that there is no need to be afraid and then leave him to investigate the matter himself. His curiosity will generally overcome his fear.

Some children are born naturally timid and sensitive, while others are naturally bold. There is no particular virtue in being either.

Truthfulness

If a child tells an untruth it is mainly for one of the following reasons : (a) a too vivid imagination ; (b) a desire not to hurt someone's feelings ; or (c) fear of the consequences.

The child with the too vivid imagination who invents stories of having met lions and tigers or of having performed wonderful deeds, should neither be laughed at nor scolded. The most sensible way to deal with this phase is to accept the story *as* a story and say " That's a good tale, shall I tell you one now ? " And proceed to tell of an interesting adventure but making it clear that it is a story, not something that actually happened. The untruthfulness which comes from a desire not to hurt someone's feelings, or spoil a happy atmosphere, is very common with the sensitive type of child. If he breaks a cup or tears his clothing, it isn't as a rule any fear of punishment which makes him hide the tear and deny the breakage, but the feeling that Mummy will be worried or annoyed and the sunny home atmosphere will be chilled. Such a child needs a great deal of help and encouragement to learn to face up to unpleasant situations. Give him as little opportunity as possible to depart from the truth, by never asking if he has done something wrong ; always assume that he has, and ask him how it happened.

Untruthfulness which arises from fear of consequences is not so common in these days when it is no longer considered right and proper to beat children in order to encourage them to do right. It will occur in some cases, however, and it emphasises the importance of regarding untruthfulness as a symptom of some form of fear. The proper treatment is to make it clear to the child that lying is "a bad thing " and to be avoided at all costs ; but at the same time, never neglect to investigate the reason for his timidity. Concentrate on helping him to stand up to his fears in general and he will then, as a consequence, be more inclined to speak the truth.

In this connection it is important to remember never to tell the child an untruth yourself (even with the best intentions).

Nursery first-aid

FIRST-AID CUPBOARD

Have a small supply of first-aid necessities ready for emergencies. Keep them in a separate box or small cabinet *well out of the children's reach.* The following should be found sufficient :

Small box of Bicarbonate of soda (B.P.), powdered or in 5-grain tablets.

Tin of elastic adhesive dressings (not hospital strapping).

Tube of Flavogel (colourless antiseptic jelly).

Roll of gauze.

Two or three bandages (1 in. and 2 in. wide) (B.P.C.).

Plain white lint (B.P.C.).

Cotton-wool (B.P.C.).

4-oz. bottle of olive oil (B.P.).

Bottle of Dettol or T.C.P.

Pot of kaolin paste.

The letters " B.P." or " B.P.C." where indicated, ensure that the items are standardised according to certain strict rules of quality, followed by all good manufacturers and chemists.

BURNS AND SCALDS

Burns Always secure a guard round the fire in any room in which a child may play. This is not only sensible—it is also a legal obligation. Avoid inflammable material—such as flannelette—for clothes. Never allow celluloid toys in the house. When a child is old enough to show interest in matches, it is as well to teach him how to strike them and how to blow them out, explaining how much they can hurt if not used carefully.

External scalds Never leave a teapot *or even a cup of hot tea* within a child's reach. Do not pass a jug or cup of hot fluid over his head—he may jerk up suddenly and upset it. *Many babies die every year as a result of being scalded by seemingly trivial accidents* because their skin is so tender and their nervous system so sensitive to the sudden pain and consequent shock.

Treatment

Cover the part from the air as quickly as possible in: (1) Warm water with some bicarbonate of soda added; or (2) salt and water (saline).

If the surface is large, cover with many small strips of clean linen or gauze so that the dressing can be renewed bit by bit.

Give constant drinks of warm sweet milk or tea—much liquid is lost as a result of surface scalds and it must be made good.

Keep the child wrapped up warmly in bed as there is risk from shock. Send for a doctor.

Internal scalds

For scalded throats place hot fomentations round throat and give ice to suck or very cold water to sip. Wrap the child up well and take him quickly to hospital.

OBSTRUCTIONS

Throat

Place your finger behind the child's tongue and bring up the obstruction if you can do so quickly; otherwise hurry to a doctor or hospital.

Eyes

Bathe gently with warm water. If the eye is inflamed, castor oil will soothe it.

Ears

If an insect has entered an ear, lay the child down with affected ear uppermost and pour in olive oil (from a spoon which has been warmed by dipping in hot water). If the obstruction has some other cause leave it alone and seek medical help.

Nose

Persuade the child to sniff up a little powdered soap (or pepper) and sneeze. If unsuccessful, seek medical advice. *Never* try to remove a nasal obstruction yourself.

Stomach

Give a stodgy meal (porridge, bread and milk, potatoes, etc.); take the child to hospital quickly.

CUTS

Wash all cuts, however small, under running water and cover quickly with an antiseptic preparation or solution and a piece of gauze. Keep the gauze in place with adhesive dressing.

SPRAINS

Apply a fairly tight bandage soaked in lead lotion, or cold water and methylated spirit, or plain cold water. Rest the limb till pain has gone.

HEAD INJURIES

Most babies fall out of pram or chair once in their early life. A bump on the head may cause concussion. If this has occurred the child is often sick, appears dazed, may become unconscious and the pupils of the eyes are sometimes contracted to a pin-point.

Put the child to bed in a dark room. Keep him very warm, let him sleep if he will, and send for the doctor.

POISONING

Send for the doctor. Preserve poison bottle to show him. *If corrosive* (burning) poison has been swallowed, give a cup of milk with 2 teaspoonfuls of olive oil. *Don't* try to make the child sick.

If narcotic (sleeping) poison, try to keep child awake by flicking him with a wet towel. If conscious, try to make him swallow water or tea—as much as he will take. Make him sick by tickling back of throat if you can. Keep him wrapped in warm blankets.

DIRTY HEADS

Sponge the head well before going to bed with lethane. Tie up in large handkerchief. Wash next morning and rinse with vinegar. Comb while still wet (using special steel comb, Derbac or Sackeys. Vulcanite combs are practically useless). Repeat this treatment two or three nights, and the head should be clear of nits (eggs) as well as lice. The nurse at the school clinic is a specialist in head-cleaning and will gladly give advice.

Ailments

LACK OF APPETITE

Nerves

In an " only child ", lack of appetite is apt to appear when too much attention is paid to the meals. A child easily learns that, by refusing food, he can cause his mother a good deal of agitation, and he is apt to take this opportunity of drawing attention to himself. This is one of the reasons why a child should be allowed to take his meals with the other members of the family as soon as he can do so without assistance. The family's enjoyment of their own food, and complete indifference to *his* performance, is the way to deal with this (usually temporary) phase.

Lack of fresh air and exercise

Food is intended to replace the energy lost in taking exercise and keeping warm. A child " coddled " in warm rooms, over-clothed, and not allowed sufficient exercise, may therefore suffer from a genuine disinclination to take in more " fuel " than is warranted by the slow rate of consumption. This may be treated by increasing the opportunitv for exercise and fresh air, and by adjusting the clothing.

Dietary deficiency

A lack of vitamin B_1 in the diet may lead to a loss of appetite. A list of foods rich in different vitamins is given on page 50, and this will help to guide you in remedying any defect. Vitamin B_1 can also be given in tablet form if the doctor approves.

Onset of illness

Always bear in mind that many illnesses start with loss of appetite. But as this is usually accompanied by a rise in temperature, vomiting, or other symptoms, it should be quite easy to distinguish it from other causes.

BED-WETTING

After three years old, bed-wetting is believed to be more often due to a feeling of insecurity and unhappiness on the child's part than to muscular weakness. Look for the possible cause of unhappiness. Refrain from scolding. Make it easy for child to get out at night and attend to himself. (See page 64).

CONSTIPATION

Generally, constipation at any age is due to dietetic mistakes —lack of " roughage " in food, insufficient water to drink. A warm drink of water (flavoured with fruit juice), first thing in the morning is helpful ; also an apple last thing at night (after three years of age) or raisin pulp (before three years). Cut out baked milk puddings from the diet and give wholemeal bread and butter and unboiled milk to drink instead. Omit buns and cakes for tea and give thin Marmite sandwiches. Give as much fruit and salad as possible and extra sugar. See that the child has plenty of exercise.

CHILBLAINS

Bad circulation and insufficient calcium are usually the root causes of this trouble.

Readjust clothing so that there is no restriction anywhere. Give extra calcium and vitamin D (the tablet form is very helpful here). To obtain local relief, apply a chilblain ointment.

COLDS

Avoid infection as far as possible. Strengthen resistance by giving extra vitamins A and D liquid or capsules during the winter months. Clear the nasal passages by letting the child sniff up warm salt water (1 teaspoonful of salt to a tumbler of water). Keep him out of doors as much as possible.

FEVERISH ATTACKS

A temperature above the normal (98.4°) is always a danger signal, though the height of the temperature—particularly in children—is not any very clear indication of the seriousness of the condition. It is occasionally caused by indigestion or excitement, but, if it occurs at all frequently, even though unaccompanied by other symptoms such as sickness, diarrhoea, or pain of any sort, a doctor should be consulted. Bed, cooling drinks and quiet are the treatment for this condition, whether it is serious or merely indicates a passing indisposition.

HEADACHE

Headaches may be due to eye trouble, constipation, or lack of fresh air. The last two causes, of course, can be remedied. But if the trouble seems to lie with the eyes, a doctor should be consulted. It is a mistake to allow children to learn to read too early, as it is a great strain on their eyes.

RHEUMATISM

A great deal of attention is now being paid by doctors to rheumatism in children, as it is believed that if it is treated in its early stages much ill-health in later life could be avoided.

Rheumatism Clinics have been established in many large towns, and any child who has the affection even mildly should be taken to the nearest clinic for regular treatment and supervision. If the child complains of pains in the joints do not put it down to " growing pains " but consult a doctor.

Illnesses (non-infectious)

TONSILS AND ADENOIDS

When the tonsils and adenoids become enlarged and infected they need treatment and sometimes have to be removed. Frequent heavy colds, and inability to breathe with the mouth shut, are signs of infected tonsils and adenoids.

Preventing infection

Keep the nasal passages clear. To teach a child how to blow through his nose, tell him to cover his mouth with his hand and blow a feather off the table, using his nose only. Show him also how to pinch the bridge of his nose when he is blowing with a handkerchief.

Removal

Unless the matter is urgent, doctors do not as a rule recommend operation before 7 or 8 years of age, by which time a child is old enough to enjoy hospital life instead of being frightened by the strange surroundings.

If mouth breathing has been a habit it will be necessary to teach nose breathing even after the operation by doing the "feather exercise" daily.

EARACHE

Earache, or discharge from the ear, should never be regarded lightly or neglected. If the doctor recommends putting warm oil into the ear, put a spoon into very hot water, then dry it and put it in the oil. *Never* warm the oil itself.

BRONCHITIS AND PNEUMONIA

Symptoms High temperature, laboured breathing and racking cough. Pain in chest.

Treatment Ask the doctor to call. *Don't* take the child out to doctor or hospital. If hospital treatment is necessary he must go by ambulance or car.

If nursed at home Place the bed at right-angles to an open fireplace. Put a screen between window and bed, open the window and keep a good fire going. Prop up the child with pillows. Keep him warmly wrapped up in bed-jacket over night-suit. Ask the District Nurse to call (see page 95).

GENERAL NURSING INSTRUCTIONS

Keep the sick-room warm but always well ventilated.

If there is a high temperature the child will sleep more comfortably if washed all over with warm water last thing at night, as well as having the morning wash. On both occasions, however, be careful to keep him well covered between blankets.

Taking the temperature Place the thermometer in the groin and fold one leg over the other. At least three minutes should be allowed on a one-minute clinical thermometer. When the child is older, wash the thermometer in cold running water, put it under the tongue and see that the child keeps his lips closed. A young child may bite on the thermometer, so this method should not be used until he is old enough to understand what is required of him.

Treatment

When the doctor orders special treatment, such as giving an enema, syringing the ear, painting the throat, or applying a poultice, it is best to ask the District Nurse to come in and show you first how to do it. Otherwise, ask the doctor, before he leaves, to explain very carefully what he wants you to do and if possible get him to demonstrate.

Bed-sores

Prevent bed-sores by rubbing the buttocks and heels with methylated spirit after every wash, and by never allowing the child to lie in a wet bed. Be careful, however, not to apply methylated spirit if the skin is broken. If bed-sores have started, use zinc ointment and cover with white lint.

Poultices

Kaolin paste, bought in small tins, is generally used for poultices to-day. The paste is spread on to a piece of lint of requisite size, and placed where instructed, having first smoothed olive oil into the skin. A layer of gauze should be placed between the paste and the body. *Great care* should be taken not to put the paste on too hot. Put your finger on it for three or four seconds : it should not be more than comfortably warm. The poultice should be covered with cotton wool and kept on securely with a bandage.

Illnesses (infectious)

Information regarding most of the common infective illnesses is tabulated on the next two pages. Below are discussed the infections about which you may need fuller information.

SORE THROATS

A doctor should be consulted *as soon as any soreness of the throat appears*. It may be due to laryngitis (inflammation of the vocal chords), tonsillitis, or the onset of some illness such as diphtheria or scarlet fever (see page 90).

Seek medical advice before attempting to treat a sore throat.

THIS TABLE WILL HELP MOTHERS TO FIND OUT " WHAT THOSE SPOTS MEAN "

Where rash appears first	Appearance of rash and other symptoms	Disease	Is it infectious ?	Day of illness when rash appears
Face, head, waist	Small red raised spots, increasing in number and rapidly becoming watery blisters that later form crusts	Chicken-pox	Yes	1st or 2nd
Face and wrists	Somewhat similar to Chicken-pox	Smallpox	Yes	3rd
Face, behind ears, arms, and inside the mouth	Dark crimson pin-point spots, almost the size of a lentil. *Accompanying symptoms :* Feverish cold, inflamed watery eyes, rising temperature	Measles	Yes	4th
Face	Smaller and pinker than measles, but otherwise similar, usually very irritating	German measles	Yes	2nd
Neck, back, chest	Small, bright red dots, close together. *Accompanying symptoms :* Headache with vomiting ; often also sore throat, diarrhoea, and high temperature. Furred tongue, flushed dry skin, pallid around mouth	Scarlet fever or Scarlatina	Yes	2nd
do. do.	Almost indistinguishable from Scarlet Fever	Septic poisoning	No	1st
Head (in hair), chest, back, abdomen	Small circular patches, raised, rose-coloured, scaly. Centres heal, becoming red rings. In head, appears as small round bald patches	Ringworm	Yes	1st–7th
Abdomen, back, chest	Small, pale pink spots, few in number. *There may be no rash at all*	Typhoid Fever	Yes	10th

Consult your doctor If any of the above should appear.

A TABLE OF ISOLATION PERIODS IN CASES OF INFECTION

Susan	Disease	Patient must be kept isolated	Children who have been in contact with the patient must not be with other children for	Barbara
?, 1956 - Suspected.	Chicken-pox	Till every scab has fallen	21 days	1956 (Jul
	Diphtheria	At least 4 weeks; longer if sore throat remains, and till there have been three negative swabs in a week	7 days	
	German measles	10 days from appearance of rash if no nasal or other symptoms persist	21 days	
Spring 1953	Measles	2 weeks from date of appearance of rash if convalescence is complete, or as long as there is any soreness of the throat	14 days	1953
? 1949	Mumps	2 weeks from commencement; and 1 week after all swelling has subsided	25 days	1955
	Ringworm	Till every ring has completely disappeared (on head, till hair grows again)	7 days	
Spring 1953	Scarlet fever	Not less than 4 weeks from appearance of rash, or as long as there is any soreness of the throat or discharge from ears or nose	7 days	
	Smallpox	Till every scab has fallen, and skin is all healed	14 days	
Feb 1950	Whooping-cough	At least 5 weeks from commencement of whoop, or until cough has been absent for 2 weeks	14 days	?, 1950

Clothing, utensils, and sick-rooms must be properly disinfected after the end of all *the above infections.*
Toys, books, towels, soap, etc., must not *be touched or used by other children.*

Susan Adenoids & tp. Nov. 6th 1952
Plate for teeth 1955
Tonsillectomy 2.10.74

Barbara Eye op. 1953 (Nov. 23rd)
Teeth abscess Dec 1954 (3 out 23.12.5
Tonsillectomy 13.8.65

MEASLES

Keep the child in bed. Measles itself is not dangerous, but if a child is allowed to get up too soon or to get out of bed before the rash has disappeared he may get pneumonia or bronchitis or nephritis (kidney trouble). Eyes are very apt to be strained and permanently weakened as a result of measles, so keep the room dim and do not allow any reading till the doctor tells you it will be safe.

DIPHTHERIA

Diphtheria is " notifiable." It requires skilled nursing and is generally treated in a fever hospital.

If nursed at home great care must be taken to see that the child lies flat in bed until the doctor allows him to sit up. The district nurse will show you how to tie him down comfortably if he is too young to understand its importance.

The greatest risk of infection is between the ages of one and ten years. (See page 66—also the Whooping-Cough note on page 93.)

SCARLET FEVER

This is much milder than measles, but is generally nursed in a fever hospital.

MUMPS

Keep the child in bed until the temperature has been normal for twenty-four hours, and give soft foods only until the swellings subside.

GERMAN MEASLES

It is not easy to distinguish German measles from scarlet fever : the first is not serious, the second can be. So always call in a doctor —never rely on your own diagnosis for any infectious disease.

CHICKEN POX

It is very important that the scabs that form when chicken pox is receding should on no account be picked. Dab the affected parts with calamine lotion, or with a solution of oatmeal and witch hazel, to soothe the irritation. Make a pair of gloves (from either white lint or old linen) to prevent the child from scratching.

SUMMER DIARRHOEA

Summer diarrhoea should not be confused with the diarrhoea caused by indigestion or chill. (See page 61). It is an infection of the intestines, generally caused by contamination of baby's food. It *can*, however, be caught from another baby.

Symptoms

Persistent loose green motions, slimy and watery in appearance; rise in temperature; loss of colour. The eyes become sunken and the child appears to be parched and dried up. Vomiting is nearly always present, but varies in amount. Hands and feet become very cold.

Treatment

Call in a doctor at once. Stop all food, but give frequent feeds of warm water (doctor will advise whether white of egg, glucose, brandy, etc., should be added to the water). The doctor may order a dose of castor oil, but this should not be given without permission, as some other medicine may be more suitable. Use a hot-water bottle to keep the feet warm.

Do not hesitate to stop all other work in order to be able to attend to baby while he is in this condition. On the other hand, there is no need to "panic," for, if baby is promptly and efficiently treated, there is no reason why he should not recover in a surprisingly short time.

If baby is breast-fed be careful to draw off your breast-milk until he can suckle again.

WHOOPING-COUGH

Prevention

Vaccines are now being used by many doctors to protect children from whooping-cough. The special vaccine is usually given in three injections, at monthly intervals, and, if the doctor advises it, this precaution should certainly be accepted. Whooping-Cough is a distressing infection and can be very serious. Do not neglect the possibility of early protection.

(Whooping-Cough Vaccine is often today combined with the diphtheria course as one series of three injections, if your doctor approves.)

Symptoms Like a mild attack of bronchitis but the cough, instead of subsiding, increases and tends to come in paroxysms. After a week or ten days the familiar whoop is heard. The deep " crowing " inspirations need not alarm the mother. It is really air re-entering the lungs and is a sign that the coughing fit will soon be over.

Treatment Isolate the child and put him to bed. See that he has plenty of fresh air. When he is allowed up, keep him in one atmosphere as far as possible, as changes of temperature (from outdoors to indoors or room to room) frequently bring on an unnecessary spasm of coughing. Do not leave him when he is coughing, as he may become frightened, but be very careful not to let him think that you are frightened yourself. If he has a coughing fit immediately after a meal and brings up all the food, give him something more to eat at once—something light and easily digested. Vomiting between meals usually consists only of phlegm which resembles the white of egg.

Vaccine injections are now frequently given in treatment as well as for prevention, and these tend to reduce very considerably the severity of the illness.

WORMS

Thread-worms are white and thread-like, about half an inch long. Round-worms are just like common earth-worms of pale colour, and may be nine or ten inches long. Tape-worms are flattened and consist of numerous segments.

Symptoms Restlessness, wasting, bloodlessness, irritation at the nose, itching at the back passage, digestive derangements, grinding of the teeth. Always consult a doctor.

Causes Taking raw vegetables (such as lettuce, radishes, carrots, etc.) that have not been properly washed. Above all, see that the child does *not* suck grass.

GENERAL NURSING INSTRUCTIONS

The method of nursing in infectious illnesses is similar to that in non-infectious illnesses, with the exception that certain precautions have to be taken to prevent the spread of infection.

Soiled linen The soiled linen, *i.e.*, sheets, nightgowns, etc., should be soaked for an hour in disinfectant such as Dettol solution and then washed separately. The linen should not be allowed to come into contact with that of the rest of the household.

Precautions The mother or nurse attending a child suffering from an infectious disease should wear an overall in the sick-room, and remove it when leaving. Immediately after touching the patient, or attending to any of his needs, the hands should be washed and dipped into a bowl of weak lysol. On no account should the mother take her meals in the sick-room. Books and toys should be of a cheap variety which can be burnt when the illness is over. And no one but the child and the mother should touch them.

Isolation The word isolation means that the patient is not to come in contact at all with other people in the house (excepting, of course, the person who is nursing him). Nothing he touches must be used or even touched by other members of the household. If these precautions are observed, there is a reasonable chance that the infection will be confined to the patient and not spread to other members of the family; but the precautions must be observed with the utmost strictness or they are utterly useless.

Nursing in bed When there is a raised temperature the child should be in bed, however well he may appear to be otherwise. If he is very active, however, see that he is well covered with a warm jacket and woollen leggings. Do not let him get up and run about until his temperature has been normal for at least 24 hours, unless the doctor expressly says he may.

The doctor It is always wiser to have a sick child under the care of a doctor. In the case of an infectious illness it is essential. Even when a child appears to have the illness very slightly indeed, a doctor must be called in to confirm the diagnosis and, if necessary, to notify the case.

The nurse The new Health Act makes it the duty of the Local Authority to provide, free, a Home Nursing Service. They may provide this themselves or by arrangement with a voluntary organisation such as the Queen's Institute of District Nursing.

If you cannot find the address of the local nurse either in the telephone directory or from your doctor, telephone your local Town Hall. The address of the Queen's Institute is 57, Lower Belgrave Street, London, S.W.1.

Glaxo products for you and your baby

Two Glaxo products—Ostermilk and Farex—have been mentioned frequently in this book and are well known to almost every mother. But you may like to know that Glaxo Laboratories also make many other preparations that are particularly valuable for you and your baby. The list below mentions just a few of them. Remember, though, that it is always wisest to consult your doctor or nurse if you are at all doubtful about the suitability of *any* preparation, whether it is a medicine or a food.

ADEXOLIN. Vitamins A and D—the *protective* vitamins. Capsules for mother. Liquid for baby. (See page 9).

CALDEFERRUM. Iron, calcium and vitamin D in one tablet. To 'reinforce' the diet during pregnancy and the nursing period.

CELIN. Vitamin C—the vitamin found in oranges and certain other fruits. Tablets for mother.

Infant CELIN. Vitamin C tablets for baby. (See page 28).

FAREX. The ready-cooked 3-cereal weaning food with added minerals and vitamin D. (See page 43).

FERROLAC—fat modified and full cream. Milk food for the anaemic baby. (See page 24).

FLAVOGEL. Ideal antiseptic jelly for the first-aid cupboard. Clean, colourless. Does not sting. (See page 82).

GLUCODIN. Glucose with calcium and vitamin D—a source of immediate energy. Prevention and treatment of acidosis. Usually obtainable only on your doctor's prescription.

MINADEX. Enjoyable orange-flavoured tonic syrup, containing reconstructive minerals and vitamins.

OSTERMILK No. 1 and No. 2. The best choice for baby if breast milk fails. (See page 38).

OSTOMALT. Vitamins and minerals combined in fine orange-flavoured malt. A tonic and a food.

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Coughs (Mrs Moore) Spread sliced ½ Spanish onion on brown sugar in a dish in warm hearth. Teas. juice as reqd. when onion is shrivelled up.

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